

The Lived Experience of Waiting for Counselling

by

Linda Lee Gray
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We accept this thesis as conforming
to the required standard

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ABSTRACT

A phenomenological research method is used to explore the lived experience of four co-researchers for themes and insights into the process of waiting for counselling service. The method employed revealed value to the inclusion of the expressive arts in the data gathering process.

The structure of phenomenon of waiting for counselling service is a process in three parts: initiating change, the intake interview and no man's land. The quality of the experience is affected by subjective variables including the characteristics of the participant and her problem, and the larger context of her life. The factors co-researchers used to decide whether they would have preferred less wait or increased number of counselling sessions were mutually exclusive. Implications for counselling are considered and suggestions for further research are made.

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Thanks Mom, for keeping me fed, housed and as worry free as a graduate student can expect to be.

Dedication

This manuscript is dedicated to my family:

To my father, Allan,
who encouraged my artistic expression and
inspired me with the example of life long learning.

To my mother, Betty,
who demonstrated the value of dogged hard work and
determination; who believed I could do it
if I wanted to.

And to my children, Angela and Lee
who watched and encouraged me,
despite their befuddlement
at my desire for academic achievement.
Maybe you didn't know it, but you motivated me to set an
example of following one's dreams.

To my family who matter most,
this is me
singing my song
for you.

CHAPTER One: Introduction

The use of a waiting list is on the increase. Many applicants are given a first interview and then...are placed on the waiting list. (Perlman, 1978/1963, p.193)

It devolves upon us to search out the sources of distress that are immanent in waiting itself. (Schwartz, 1975, p.167)

This study investigated the subjective, inner experience of waiting for counselling service. Wait lists are endemic to community serving agencies as service demands rise and funding decreases. This would seem especially problematic when the service being sought is personal counselling. Perlman (1978/1963) contended that, at the point of calling for service, the client perceives their problem as a crisis and is motivated to either cope with it or avoid it. What, then, is the result when the request for assistance is met by a requirement for a lengthy wait?

Statement of the Problem

The options for people seeking affordable counselling service in Victoria, are limited by the issue with which they are dealing and their tolerance for waiting. Numerous

agencies, as a part of their mandate, offer time-limited (3-10 sessions) counselling for specific populations and issues. By employing a narrow focus and time frame many of these agencies serve their clientele in speedy fashion. Specialization does not always have this result. The Women's Sexual Assault Centre prioritizes their services to meet the needs of the most recently assaulted. Here, women seeking counselling for issues of childhood abuse will wait over a year. At the time of this research, the Victoria Mental Health Centre's Adult Short Term Assessment and Treatment (ASTAT) team, "ensures that adults with serious acute mental disorders have access to responsive, sensitive and relevant assessment and treatment services" (Tree,1995). A qualifying individual would receive 10 sessions of free counselling. In spite of the serious and acute nature of their problem, clients might wait a week to a month. [During the course of this research ASTAT has become merged with Urgent Mental Health Services or USTAT].

At the time of this research The Citizens' Counselling Centre (CCC) offered up to 12 sessions of affordable counselling to residents of greater Victoria. The centre's only mandate is to provide counselling and their lay counsellors deal with a wide range of issues. CCC clients expect a wait of between 4 to 14 weeks for 12 counselling sessions, depending on demand and counsellor availability. Since this research was completed CCC has reduced the maximum

number of sessions to 10. Counsellors are urged to complete the sessions within a maximum of 14 weeks. Depending on the appropriateness of the client's issue, CCC also offers shorter term service. Solution Oriented Counselling (SOC) consists of 4-6 sessions of counselling and requires a shorter wait [1 to 4 weeks]. Interestingly, many clients prefer to wait and receive more counselling sessions.

The changes in Mental Health services and at CCC demonstrate that these agencies are reorganizing to best meet the needs of their clients. For CCC the timely provision of service has been a concern, resulting in the aforementioned reduction in maximum number of sessions. CCC has implemented other administrative devices such as: ensuring counsellors are meeting their commitment of carrying two clients at a time; the development of a maximum time frame for the completion of sessions; and the development of a tracking system for the maximum time frame allowing counsellor accountability. Plainly, CCC sees a lengthy wait for service as a concern and is taking steps to provide timely service as a means of best meeting their clients' needs. Common sense indicates that clients would rather have immediate service than wait for it, but the lack of information from clients about their waiting experience means that agencies such as CCC do not have the complete information required to meet client needs.

The literature on crises intervention and coping, posits that at a point of crisis there also exists a window of opportunity. "Individuals are often most amenable or motivated to make changes when they are in crises. Consequently, short term treatment can be offered at the time of greatest incentive to change" (Tree, 1995). Schwartz (1975) noted that waiting is a state of readiness, an incompleteness or dissonant state which the waiter has no means of ending; completeness lies in the hands of those managing the wait. Yet, before this research no one had asked a client what it is like to have to wait for counselling service. Why would a client choose to wait longer for more sessions if the crises theory of change is correct? Research to date has been quantitative in nature and has focused on specific variables related to length of delay such as satisfaction with service or dropouts from counselling. These designs hypothesize a variable and then test for it. The hypothesized variables then, arise from the researchers, not their subjects. The purpose of this study was to examine the experience of waiting for counselling from the co-researcher's point of view, allowing critical elements to reveal themselves through the participants' descriptions.

Purpose of the Inquiry

One way to clarify experience is to seek what events mean to us. In asking this question, we discover that conscious experience has a certain structure. (Keen, 1975, p.19)

The intention of the study was to investigate the subjective, inner experience of waiting for counselling service through the use of qualitative methods. Such a study offers us enlightenment on the individual's process of adapting and/or coping when sought-for assistance is not immediately available. As well, the qualitative method can illuminate costs of waiting, "which may be non-measurable and irreducible" (Schwartz, 1975, p.167) that have been left unclarified by existing research's reckoning of measurable costs. The unfolding and articulation of individual experience and meaning was sought with the question, "What is it like to wait to receive counselling service?". Corollary questions in the researcher's awareness were:

- what meaning do people ascribe to their waiting period?
- why do people choose to wait; what meaning does the counselling hold for them?
- is there a process that occurs during the waiting period?
If so, what is it?

Chapter Two: Literature Review

A definition of waiting is offered by Taylor (1994), "the time from which an individual is ready to receive the service until the time the service commences. It also refers to the state of readiness felt by that customer during the wait" (p.57). The incompleteness of waiting is echoed by Schwartz (1975) who said that to wait is to stay or remain in expectation. As such, waiting times are examples of incomplete gestalts or dissonant states. Worse, "the activity that can bring about closure must be initiated by the server: the client can do little himself [sic] to achieve such a consummation; he [sic] is immobilized in a state of unfinished business" (Schwartz, 1975, p.168).

This review will proceed in two parts. Part I will provide a backdrop for the subject of waiting; considering its context according to power and class, and examining people's affective response. Part II will focus upon the literature specific to waiting for counselling service.

Part I

Issues of Power and Class in Waiting

In 1975 Schwartz wrote a seminal work on queuing and waiting. Schwartz (1975) said that approaches to the study of delay fail to reckon costs which may be immeasurable, focusing, as they do, on functional aspects. Schwartz's main proposition, was that, "distribution of waiting time coincides

with distribution of power" (1975, p.5). Perlman (1978/1963) and Levine (1987) have also considered the impact of power differentials on waiting. Levine (1987) posited that time is power. Those who control other's time have power; those who have power control other's time. Relevant to clients who seek affordable service at community lay counselling agencies, these authors contend that the least privileged do the most waiting (Levine, 1987; Perlman, 1978/1963; Schwartz, 1975).

While long agonizing waiting periods may be avoided only if one is willing to settle for more expensive service, the poor may avoid waiting only if they are willing to settle for no service at all. (Schwartz, 1975, p.23)

Perlman, a therapist at a community health agency, (1978/1963) addressed this issue in terms of class differences. She pointed out that middle class persons have more means to cushion themselves against problems, while those who live in a culture of poverty have, "only a narrow margin with which to temporize; [their] problems push hard" (Perlman, 1978/1963, p.198). Middle class persons are more likely to be able to pay for private service. It is the lower class, who are least able to wait, that have to.

Affective Reactions to Waiting

Affective responses to waiting, as reported in the marketing literature, will open this section. The effects of

mood on temporal judgement and the interaction of affective state and coping strategies will then be examined.

Researchers in the field of marketing psychology have noted emotional states related to the waiting experience. Some have investigated how anxiety, uncertainty and anger at service delays, negatively affect service evaluations (Hui & Tse, 1996; Katz, Larson & Larson, 1991; Taylor, 1994). Nervousness and anxiety were noted by Gold (1992) and Bookstaber-Smith (1992). Gold (1992) found fear relevant to the wait period. Schwartz (1975) added feelings of distress, being unbalanced, ambivalence, boredom and degradation as part of the waiting experience.

Two studies investigated the impact of mood on temporal judgement. Both Gardner (1985) and Hornik (1993) found strong mood effects on time judgements. Hornik (1993) found that depressed or neutrally affective people will perceive time as passing more slowly than elated subjects. Gardner (1985) noted that, "in general, mood states seem to bias evaluations and judgements in mood congruent directions." (p.287) The individuality of persons' affective response and time judgement leads Hornik (1993) to state, "people perceive the duration of events subjectively." (p.242)

Some coping studies have investigated the role of an individual's affective response. Scheier, Weintraub & Carver (1996) found that affective state was associated with use of

specific coping strategies. For example, higher levels of depression were associated with disengagement from goal and the focusing on and expression of feelings. Problem focused coping was associated with lower levels of depression (Scheier, Weintraub & Carver, 1986). Folkman and Lazarus (1988) found that not only did emotion mediate coping but that coping mediated emotion. For example, planful problem solving resulted in an improved emotional state while confrontative coping consistently resulted in a worsened emotional state. "Theoretical formulations on the relations between emotions and coping that emphasize the effects of emotion on coping without also considering the effects of coping on emotion are therefore incomplete." (Folkman & Lazarus, 1988, p.474)

Waiting generates a plethora of emotions. A person's emotional state affects their perception of the passage of time; sad people experience time as passing more slowly. The emotional state of a person affects their coping strategy and their coping strategy affects their emotions. There seem as many variations as there are people.

Part II

Clearly there are factors other than the size of the waiting list that affect client perceptions. A clearer understanding of these dynamics may help resolve dissatisfaction with the waiting list without necessarily shortening the client's time on it.

{Shueman, Gelso, Mindus, Hunt & Stevenson, 1980, p. 121)

There are several types of settings, client populations, and administrative procedures in which longer delays are not detrimental to continuing clients or a major influence on those who drop out. (Freund, Russell and Schweitzer, 1991, p.7)

Part II will focus on the literature specific to waiting for counselling service. Concerns about wait lists have led authors to consider the use and effectiveness of the intake interview, client attrition, client satisfaction, attitudes toward the service centre, and the advisability of time limits. This review will revisit early articles, and then consider variables relating to wait list dropouts, treatment delay and its impact on clients, and time limited counselling

In the Beginning

As early as 1963 therapists were concerned with the effects of administrative procedures on their clients. That year, Levy promulgated the experimental use of the intake interview with a psychologist. Previous to the institution of a brief intake, students would arrive at Levy's college counselling centre and a secretary would give them an appointment many weeks hence. On keeping the appointment students sometimes found they were in the wrong place or they were assigned a battery of tests whose results would not be available for a further few weeks. Levy compared the number of counselling sessions of students who had had an intake interview with those who hadn't. He found that after the brief intake fewer sessions were required to complete the counselling process. It is noteworthy that Levy (1963) was not studying waiting, nor does he make particular reference to the waiting experience or client dissatisfaction. He merely describes the above scenario and common sense tells the reader it is unsatisfactory.

In 1967 Sinnett and Danskin followed Levy in advocating, "immediate or early access to a professional counselor" (p.446) rather than disposition to a wait list by the receptionist. The authors noted that some studies found indications of potential problems with wait lists. Sinnett and Danskin found the development of waiting lists

unsatisfactory as: troubled students were denied access to an empathic counsellor; there was a need for professional evaluation of urgency; and some problems could be handled with referral or information. After this explication of the problem, Sinnett and Danskin (1967) focused their study on changed intake procedures and staff reactions to them. Again, it is noteworthy that these authors did not study the waiting experience.

The late 1970's and 1980's saw a flurry of research in the area of administrative procedures and their effect on clients. A number of these studies (Anderson, Hogg & Magoon 1987; Archer, 1981, 1984; Shueman, Gelso, Mindus, Hunt & Stevenson, 1980) cite both Levy (1963) and Sinnett and Danskin (1967) as studies which evidence, "that a long waiting period leads to client dissatisfaction" (Archer, 1984, p.388). This inaccurate portrayal of the concerns and findings of Levy (1963) and Sinnett and Danskin (1967) set the tone, "waiting equals bad" which persists to this day, despite contradictory evidence.

In 1991 May reviewed the contradictory evidence arising from studies at university counselling centres. May noted a trend in outcomes in these studies. All studies before 1975 found some type of negative effect to waiting for service. From 1975-1982 four studies had mixed or inconclusive results while one reported minimal effects. Since 1982 four

studies have failed to find significant negative effects. May hypothesized that changes to administrative procedures accounted for some of the diversity in the results.

We will now turn to an examination of the psychological literature for studies which looked to waiting list dropouts, the impact of treatment delay and the question of time limits.

Variables Relating to Wait List Dropouts

Many studies have concerned themselves with clients who dropped out of the counselling process after being placed on a waiting list. Some studies refer to this as premature termination, (Rodolfa, Rapaport, & Lee, 1983) defined as any failure to return for a scheduled counselling session following intake. The terms: attrition, defined as failing to appear for the first appointment (Anderson, Hogg, & Magoon, 1987); no-show rates (Folkins, Hersch, & Dahlen, 1980); or dropouts (Orme & Boswell, 1991; Schiller, 1976) are also employed. However named, all these studies are concerned with clients who drop out of the counselling process while on a wait list. The literature on no-show rates will be separated according to studies conducted at community mental health centres and those pertaining to college and university counselling settings.

Community mental health centres.

Of five studies relating to dropouts from counselling at mental health centres: three studies found an inverse correlation between length of wait and dropout rate (Hicks & Hickman, 1994; Folkins, Hersch, & Dahlen, 1980; Rock 1982), one had mixed results (Orme & Boswell, 1981) and one showed no relationship (Sirles, 1990).

First, the three studies which found a correlation between length of wait and drop out rate will be considered. In the United Kingdom, Hicks and Hickman (1994) studied the impact of short vs. long time delays between initial referral and the first appointment for relationship counselling. They found that clients offered appointments within two weeks of referral were significantly more likely to attend their first session than those who waited between 4 to 12 weeks.

In 1980 Folkins, Hersch and Dahlen examined the relationship of waiting time to no-show rates at a community health centre. Waiting periods ranging from 3 to 19 days were randomly assigned. The researchers then compared the waiting time with the no-show rate for the initial appointment. They found that the rate of no-shows increased with increased waiting time. Due to the emergency/crisis orientation of these centres the authors advocated a no wait list policy. In 1982 Rock investigated a number of variables relating to show vs. no-show for keeping intake

interview appointments. Concerned about, "the utility of generalizing the results from crisis-oriented contacts to the population of individuals who make routine intake appointments at outpatient clinics" (Rock, 1982, p.864), Rock collected data on all routine service oriented contacts with the centre. Consistent with Folkins, Hersch, & Dahlen (1980), he found a significant relationship between waiting-time (maximum of 7 days) and no-show rate; shorter waiting times were associated with lower no-show rates for the intake. Neither Folkins et al. nor Rock queried why this relationship existed.

One study showed mixed results. Orme and Boswell (1991) investigated the characteristics of patients who failed to appear for their intake appointment and those who did follow through. The researchers used four time-to-intake categories, the shortest being less than 3 days and the longest being more than 10 days. While the researchers found a significant relationship between the number of days before an intake interview and dropping out, this was not a clear inverse relationship. Those who had the shortest wait did indeed show up for their appointments at a higher rate than the other groups, yet the group with the longest wait actually dropped out less than the middle two groups. Orme and Boswell suggested this may be due to the level of crisis the client is experiencing. In the middle categories, the

crises may already be over while, "individuals whose problems are less acute may be more willing to delay their interview." (p.379)

Finally, one study showed no correlation. In 1990 Sirles tested the characteristics of clients, and the clinical process they encountered, for relationship with dropout from psychotherapy at a child guidance clinic. Among the variables she considered was the length of time clients had to wait for services and 3 phases of clinical contact - intake, diagnostic and treatment. Sirles found that the duration of the wait for the intake appointment was not associated with self termination from the diagnostic phase of treatment. [The other phases of contact were not tested for relationship with length of wait.] Clinical processes encountered by the clients, such as the length of time the clinician spent in the diagnostic phase, were related to dropping out of therapy.

Four of these studies investigated relatively short waits, between 1 to 19 days, which contrasts sharply with the waiting time experienced at some university counselling centres. The studies suggest that within community mental health centres there are factors beyond length of waiting, such as acuteness of distress and clinical processes, which pertain to self termination from therapy.

College and university counselling centres.

In studies conducted at college and university centres the evidence that dropouts from counselling had a negative reaction to being placed on a wait list is mixed. Of six studies which directly obtained information about clients' reactions to waiting, four found waiting to have little or no adverse effect (Anderson, Hogg, & Magoon, 1987; Archer, 1981, 1984; May, 1990). One study found the length of wait to be one of three significant factors in premature terminations (Rodolfa, Rapaport, & Lee, 1983) and one found "many" clients did not return for counselling because they were assigned to a wait list (Kokotovic & Tracey, 1987). In related work, Schiller (1976) found more positive attitudes toward a university centre which had a shorter wait list among its attributes and other researchers found wait list dropouts to express moderate dissatisfaction with their counselling centre (Pulakos & Morris, 1995).

First, we will review the studies which found little or no adverse effect to waiting. Archer has twice studied the effect of the wait list. In 1981 he queried the reactions of students who dropped out of counselling after being wait listed and in 1984 he questioned students' reasons for not pursuing counselling. The students in these studies experienced waits of 4 to 6 weeks (1981), and 5 to over 14 weeks (1984). In the 1981 study, only 16% of respondents

said they found the wait too long. 50% said they no longer needed counselling, and 20% said the intake provided enough help to resolve the problem. Archer notes that the 16% who found the wait too long were all seeking personal counselling rather than assistance with vocational issues. He concludes, "these findings suggest that a waiting list of moderate length (four to six weeks) may not have a strong, negative effect on students who are not under severe psychological distress." (1981, p.370)

In 1984, Archer analyzed student responses according to type of problem, time on the waiting list and degree of urgency. In accord with his previous study (Archer, 1981), Archer found only 18.6% of respondents said they had waited too long. 50.8% said the intake provided enough help and their problem was resolved - 33.9% had experienced spontaneous remission of their problem. Notably, "although one might expect the length of time on the waiting list to effect client responses, no major differences emerged" (p.391). In general, Archer found that a waiting list does not have a negative impact on clients and their attitudes. The study, "supports the implication that as long as the most urgent cases are seen, the others can afford to wait with few negative consequences or attitudes." (p.393)

Anderson, Hogg and Magoon (1987) investigated the relation between time spent on a wait list and attrition

after intake. Clients who had been seen on an emergency basis were excluded from the study. Among the variables considered were presenting problem; whether educational/vocational (EV) or emotional/social (ES)- and length of time spent on the waiting list. The mean time spent on the waiting list was a little more than 2 weeks. The researchers found that length of time on a waiting list did not distinguish between continuers and non-continuers, regardless of presenting problem. Interestingly, the mean waiting time for continuers was actually longer than for non-continuers. Anderson, Hogg and Magoon concluded that clients who did not continue counselling made that decision by the end of the intake session.

May (1990) sought to answer the question, "are wait lists really a problem?" with a survey of wait list dropouts. The 27 respondents had experienced waits ranging from 2 to 10 weeks. Clients at this centre primarily seek counselling for personal concerns, in contrast to educational concerns. The wait list clients had been assessed as not requiring immediate intervention to maintain their level of functioning. Only 2 of the 27 respondents, or 7%, were dissatisfied with not receiving counselling sooner. 33% did not return because their problem had been resolved. 30% were undecided about pursuing further counselling. Thus, 63% of respondents reported a reduction

of their distress or a lack of motivation for pursuing counselling. The results are particularly interesting as these students were concerned with issues that Archer (1981) found more sensitive to wait list conditions.

One study found the length of wait to be a significant factor. Rodolfa, Rapaport and Lee (1983) examined variables related to premature terminations from counselling. Among the variables they considered was the length of days from intake to assignment. The median number of days to first scheduled appointment was 7. The researchers found the length of wait for counselling to be one of three significant factors related to premature terminations. "The number of days from intake to assignment was significantly longer for the premature termination group than for the returning clients." (Rodolfa, Rapaport & Lee, 1983, p.89)

One study declared "many" clients did not return for counselling because they were assigned to a wait list. Kokotovic and Tracey examined 3 variables which would discriminate between clients who returned for counselling and those who did not. Concordant with contemporary research interest in the intake interview they focused on client perceptions and client satisfaction with the intake. While these authors did not look at waiting, they included room on their questionnaire for respondents to make written comments. "In the present study, written comments from

clients who dropped out of counselling after the intake indicated that many (my emphasis) did so because they had been assigned to a wait list." (p.81) The researchers give no indication of how many is "many" nor of the length of the wait.

Two studies, while not directly querying waiting, contain relevant information. First, Schiller (1976) compared the differences between client continuers and dropouts at two university counselling centres. The author queried 87 students to determine the differences in their attitudes and perceptions about counselling and the counselling facility. Clients at one university expressed more positive attitudes to their centre than at the other. Schiller proposed that this difference "may (my emphasis) have been due to two factors" (Schiller, 1976, p. 101): 1) the shorter waiting period at the more popular centre (university B), 10 days vs. 30 days and 2) a widespread publicity campaign run by university B. Schiller further noted that university B's centre was also more physically attractive. Neither the wait list, nor client perceptions of it, were queried. Schiller concluded that the waiting period is a factor in client attitudes towards the centre. "It seems apparent that clients' attitudes toward counselling and the counseling center are negatively influenced by waiting for counseling." (Schiller, 1976,

p.101) This conclusion is an assumption on the part of the researcher; it does not arise from participants.

Also related is the 1995 survey by Pulakos and Morris of 62 clients who did not pursue counselling after being placed on a wait list. The authors wished to determine how the students perceived their interaction with the counselling centre. The wait for counselling was not directly queried nor is there information on the length of wait. Results indicate that dropouts expressed moderate dissatisfaction with the centre but did not endorse any particular reason. Similar to the findings of Archer (1981) and May (1990) clients also felt better without counselling with the passage of time.

Researchers in university settings have noted variables affecting clients' reactions to the wait list such as: the type of presenting concern; the urgency of the problem; the intake interview; and a lessening of distress over time. Interestingly, the study with the shortest wait period - median of 7 days - (Rodolfa, Rapaport, & Lee, 1983) found the length of the wait to be a significant factor, while the studies with the longest wait periods - ranging from 4 to 14 weeks - (Archer, 1981, 1984) showed the least negative effects. Clearly, there are variables at play which confound the "waiting = bad" equation.

Treatment Delay and Its Impact on Clients

The four studies in this section examined the impact of treatment delay on client satisfaction and outcomes. Three of the four studies were held at university counselling centres. One was conducted at a community mental health center. Two studies found no negative results in delay (Bieschke, Bowman, Hopkins, Levine, & McFadden, 1995; Freund, Russell, & Schweitzer, 1991) and two showed mixed results (Budman & Springer, 1987; Shueman, Gelso, Mindus, Hunt, & Stevenson, 1980).

Bieschke, Bowman, Hopkins, Levine, & McFadden (1995) examined satisfaction and improvement among university counselling centre students. As timely service appeared related to positive client assessment, one of the variables considered was the waiting period. Other variables deemed relevant were the working alliance, reduction of distress and satisfaction with services. Contrary to their expectations, the length of the waiting period was not found to be related to participants' satisfaction with counselling, "despite considerable variation in the waiting period for a first appointment (0 to 75 days)." (p.558)

Freund, Russell, & Schweitzer (1991) examined whether delays had detrimental effects on clients at a university counselling centre by considering client perceptions and counselling outcomes. Only 16% of no-shows

said that the length of delay was the reason they dropped out. Nor was length of delay associated with client perception of counsellors or their evaluation of counselling. Indeed, the authors found, "that longer delays were predictive of more positive outcomes." (p.6) Freund et al. suggested that advance notice to expect a delay may have had an ameliorating effect on client reactions. They further note contextual aspects which may have had an impact: a) the established reputation of the agency; b) clients may have been expecting a delay and c) the timely intake may have been perceived as therapeutic. In conclusion they found no evidence that longer delays were negatively related to client attrition, client perceptions of counsellors nor of counselling outcomes. These results, "suggest there are several types of settings, client populations, and administrative procedures in which longer delays are not detrimental to continuing clients or a major influence on those who drop out." (p.7)

Two studies showed mixed results. Budman and Springer (1987) compared outcome in individual and group psychotherapy at a community health centre. They focused on the relationship between treatment delay and its impact on outcome and patient satisfaction. Patients in the group treatment modality waited considerably longer (48 days) than those receiving individual treatment (31 days).

Surprisingly, the patients in individual therapy were less satisfied than those in the group modality. For group therapy there was no difference in satisfaction with treatment on the basis of delay. The researchers conjectured that waiting for a group to come together was more comprehensible to the patients. Moreover, once the group begins, there are a number of people who have shared the waiting experience. While there were mixed results relating to client satisfaction, the authors found treatment delay had no effect on client outcomes.

Finally, Shueman, Gelso, Mindus, Hunt, & Stevenson (1980) found waiting for a first appointment had some impact on client satisfaction, but stress the wait list is not all that matters. Shueman, Gelso, Hunt and Stevenson (1980) sought to assess the efficacy of the intake procedure. They considered factors which impacted client satisfaction, including availability of service. 48% of clients declared they were dissatisfied with availability of service. When asked to volunteer specifics, one factor the clients offered was the length of waiting for appointments. Other factors included: length of the session, ease of obtaining the meeting, and referral to an outside agency. Shueman et al (1980) found that gender, the severity of client problems, the experience level of the intake interviewer, and feeling understood by the counsellor were all relevant to client

satisfaction. "Clearly there are factors other than the size of the waiting list that affect client perceptions."

(p.121) The authors proposed that, "the real issue for clients was whether they felt they were being helped."

(p.120)

It is interesting that none of these studies showed uniformly negative results. The authors detail a number of factors related to the impact on clients of treatment delay including: the client's expectation of delay; the reputation of the agency, the timelines of the intake interview; the quality of connection with the intake counsellor; the general availability of the service; the severity of client issues and whether the clients perceived something was being done to help resolve their problem. Again, we see that length of delay is but one of many factors impacting clients as they wait for counselling service.

Next we turn to the question of time limits on counselling as a means of managing the size of the wait list.

Time Limited Counselling

Concerns about wait lists have led many agencies to establish time limited counselling; limiting the duration of the treatment as a means to manage the wait list (Gyorky, Royalty, & Johnson, 1994). Four articles speak to this

topic. Two are studies (McKittrick & Gelso, 1976; Gyorky et al, 1994) and two discuss issues to consider in instituting time limits (Pinkerton, 1996; Tryon, 1995).

Gyorky, Royalty, & Johnson (1994) surveyed 213 college and university counselling centre directors comparing centres which have time limited policies and those who do not. The most important reasons given for moving to time limits were to serve a greater percentage of the student body and to reduce wait lists. Surprisingly, centres with time limited policies had longer waiting lists and more frequently referred to other agencies. This result held even when there were no differences on variables such as number of staff, trainee hours, indirect service or total number of clients seen. Neither did centres with time limits serve a higher percentage of their population.

McKittrick and Gelso (1976), noted, "that one method of dealing with waiting list problem is to limit the duration of treatment." (p.5) They wondered how counsellors ought to justify time limits to clients. The researchers studied client expectancies for the counselling relationship and its outcome when the counselling was time limited. McKittrick and Gelso found that advising clients that the rationale for establishing time limits was to keep the wait list down, stimulated more negative expectancies than a rationale that the limited time frame would be effective for the client.

Tryon (1995) advocated looking at alternative solutions to long waiting lists beyond limiting the number of counselling sessions such as: bi-weekly appointments, group work, and reducing staff meetings. If time limits were instituted, Tryon suggested they might be applied to a therapist's case load, rather than individual cases. In this case, a therapist would average a certain number of sessions with clients, allowing therapist autonomy. Tryon noted that whatever decision is made, client welfare should be the paramount consideration. Pinkerton (1996) added to the list of alternatives by proposing a flexible time frame of 1-16 sessions. This would encourage a rapid turnover of clients who are seen in very brief therapy (1-5 sessions) while allowing more traditional limits for clients with greater need. Pinkerton hoped that such an approach might assist in meeting client needs as well as minimizing the wait list.

The studies suggested that time limits do not accomplish the goal of reducing the wait list or seeing more clients, and warn of negative client expectancies if the client realizes limited sessions are imposed to manage the wait list. Alternatives to time limits on counselling sessions may meet the needs of the clients and the agency more effectively.

Summary

Delay is not only suffered; it is also interpreted. It has meaning. (Schwartz, 1975, p.7)

The waiting experience is fraught with issues of power and class. The people who can least afford to wait, are precisely those that do. Not only does waiting generate a host of affective responses but affective response affects one's perception of time. Not only does emotional state impact one's choice of coping strategy, but the coping strategy chosen affects one's emotional state.

The evidence that clients waiting for counselling have a negative reaction to being placed on a wait list is mixed. Many studies have found little or no adverse effect to waiting. Variables which affect clients' reactions to the wait list included: acuteness of distress; clinical processes encountered; the type of presenting concern; a lessening of distress over time; the client's expectation of delay; the reputation of the agency, the timelines of the intake interview; the quality of connection with the intake counsellor; the general availability of the service; the severity of client issues and whether the client perceived something was being done to help resolve his or her problem. Clearly, there are variables at play which confound the waiting = bad equation

As agencies move toward time limits as a means of managing the size of the wait list there is evidence that time limits do not accomplish that goal. Studies warn of negative client expectancies if the client realizes limited sessions are imposed for this reason. Therapists propose alternatives to time limits on counselling sessions in order to meet the needs of the clients and of the agency more effectively.

Time itself is a subjective experience. Our mood can affect our perception of time. Thus, it can also affect our perception of a waiting period. Waiting generates its own costs, both measurable and immeasurable. Some people can bear to wait and some cannot; some clients appear for their first appointment and some do not. Yet, we know nothing of their experience. Do clients waiting for counselling perceive themselves as trapped in a state of readiness? as immobilised? as disempowered? We do not know. The counselling related studies, many with results which de-emphasize the length of the wait, appear to contradict the findings of the marketing literature. Despite the 19 articles pertaining to waiting for counselling, we do not know how the clients themselves would describe the experience.

What meaning do clients ascribe to their waiting, to the impending counselling? What elements would they consider important? What is the range or process of their affective

response? The literature suggests they may feel, uncertainty, anger, anxiety, ambivalence, boredom, even degradation. Were I to ask, what would the waiting client tell me of his or her inner life?

None of the studies reviewed are qualitative in nature. All seek to quantify that which can be measured; none reckon the irreducible or unmeasurable. As long ago as 1975 Schwartz stated, "it devolves upon us to search out the sources of distress that are immanent in waiting itself." (p.167) This study has investigated these concerns by posing the question, "What was it like to wait for counselling service?".

Chapter Three: Method

The starting point for research is a discrepancy between the phenomenon itself and what is already known about it, a discrepancy between human and scientific realities. (Wertz, 1984, p.33).

The skilled analyst is able to get out of the way and let the data tell their own story. (Patton, 1990, p.393)

My interest in this research was to uncover the form, essence, or meaningful structure (Becker, 1986; Valle, King & Halle, 1989) of the experience of waiting for counselling; to patiently dwell, with the aid of the co-researchers, in the situation and so make sense of it (Wertz, 1984); to enter their life-world (Valle, King & Halle, 1989). As such phenomenological approach seemed most appropriate:

Phenomenology is the study of the structure, and the variations of structure, of the consciousness to which any thing, event, or person appears. It is interested in elucidating both that which appears and the manner in which it appears, as well as the overall structure that related the, "that which" with its mode or manner (Giorgi, 1975, p.83).

This structure is found through description and disciplined reflection (Maxwell, 1992; Patton, 1990; Valle, King & Halle,

1989). The most common means of allowing this description is through an interview process with the co-researchers (Becker, 1986; Osborne, 1990). The researcher's interview style needs to be non directive in order to not bias the data, to maximize the evocation of a valid description of the lived experience (Osborne, 1990; Wertz, 1984). The life-world of an individual exists prior to reflective thought; it is the foundation of reflective thought (Valle, et al, 1989). In order to arrive at this pre-reflective understanding, the researcher must push the descriptions to, "the very edge of ineffability" (Becker, 1986, p.116) and encourage the co-researcher, "to articulate this wordlessness" (Becker, 1986, p.116). The data are these descriptions of lived experience (Maxwell, 1992; Osborne, 1990). In order to approach the participants and the phenomenon with an attitude of openness, the researcher is required to bracket their own predispositions, preconceptions, prejudices and biases (Becker, 1986; Giorgi, 1975; Osborne, 1990; Valle et al, 1989; Wertz, 1984). The researcher must become aware and make explicit their "natural attitudes" in order to not impose them on their research participants (Becker, 1986; Giorgi, 1975; Valle et al, 1989).

The particular school of phenomenological thought influencing this researcher was existential-phenomenology, as articulated by Osborne (1990, 1994) and Valle, King, & Halle (1989). "That psychological discipline that seeks to

explicate the essence, structure or form of both human experience and human behaviour as revealed through essentially descriptive techniques including disciplined reflection."

(Valle et al., 1989, p.6) Osborne (1990) noted, "there is no such thing as *the* phenomenological method" (p. 83) and observed that phenomenological methodology was more of an orientation than a method. Having delivered this caveat, Osborne (1990) offered "some basic existential-phenomenological research methodology for counsellors" (p.79) which were followed by this researcher.

Validity and Reliability

Bracketing of one's presuppositions serves as a check on the validity of the research, allowing the reader to determine if the researcher's foreunderstanding did or did not bias their interpretation (Osborne, 1990). The question of validity looms large in qualitative research (Giorgi, 1975; Osborne, 1990; Maxwell, 1989; Patton, 1990; Wertz, 1984). Patton (1990) averred that validity hinges on the skill, competence, and rigour of the person doing the fieldwork. Maxwell (1992) said it depends on, "whether the description expresses the truth and whole truth of the situation as it is pre-verbally lived by the subject" (p.39). Osborne (1990) proffered four ways to assess the validity of a phenomenological researcher's interpretations:

1. Bracketing - did the researcher carefully bracket her orientation to the phenomenon, describe her procedure and data analysis carefully?
2. Goodness of Fit - during data collection and interpretation did the researcher check the goodness of fit of her interpretations with the co-researchers?
3. Juridical Review - has the researcher presented a coherent and convincing argument for her interpretation?
4. Empathic Generalizability - does the interpreted structure resonate with the experiences of other people, not in the study, who have experienced the phenomenon?

Considerations of validity even enter into procedures which assess reliability (Osborne, 1990). The intrinsic interrelationship between validity and reliability, "results in conceptual ambiguity" (Wertz, 1986 as cited in Osborne, 1990, p.87). Sameness (reliability) can arise out variability of human experience, especially as phenomenological research focuses on meaning rather than facts. "Stable meaning can transcend variable facts." (Osborne, 1990, p.87) Since there are many interpretations of the data possible, the best a researcher can do is argue their interpretation as persuasively as possible and leave the judgement to the reader (Osborne, 1990).

Implications for this Research

The standards set by the aforementioned authors are high indeed, and I endeavoured to meet them through procedures employed in data gathering and analysis. My aim was always to allow the meaning to emerge from the data; a genuine finding of meaning (Becker, 1986; Osborne, 1990; Patton, 1990; Valle, King & Halle, 1989; Wertz, 1984). As a precondition, I have

made my assumptions and predispositions explicit, the better to control them [see following section]. This bracketing also allows the reader to assess if I have allowed my biases to interfere with my data collection and analysis. Thus, it is the first step toward numerous checks on validity, and reliability, that will be found throughout my method.

Art and Story

In the interests of gathering the co-researcher's life-world experience in its fullness, to access pre-reflective experience (Becker, 1986; Valle, King & Halle, 1989), the researcher used both art and story. At its most basic level of contribution, the visualization, art, and story procedure [outlined under Procedure] served to "prime the pump" of the participant's recollection and description. Further, it yielded different data for within person and across persons comparisons. Osborne (1990) pointed out that data may be non-verbal forms of personal expression. Nevertheless, this non-verbal data must still be translated into language in order to be communicated (Osborne, 1990). The use of art, followed by participant explication and story making, met this criteria. By using art, I offered the co-researcher alternate access to their pre-reflective knowing, as art easily connects to the unconscious (Wadeson, 1980).

In addition to assisting the research participant in expressing the whole truth of their situation as it was preverbally lived (Maxwell, 1992) the art allowed a tangible, transitional object (Wadson, 1989). This provided the co-researcher a tool to, "articulate the wordlessness." (Becker, 1989, p.116) The use of the creative arts to access and process experience is thoroughly established, including the use of diverse expressive arts in combination (Dahlin, 1986; Davis, 1988; Eldredge & Carrigan, 1992; Harr & Thistlethwaite, 1990; Seney, Baker & Gross, 1994). Moreover, many authors laud the expressive arts' ability to draw out a person's story with all its facets and nuances (Davis, 1988; Early, 1993; Eldredge & Carrigan, 1992; Harr & Thistlethwaite, 1990; Seney, Baker & Gross, 1994). The connection of story to the description of lived experience and meaning was articulated by Seney, Baker & Gross (1994), "people's stories determine the meaning they ascribe to experience and which aspects of lived experience are selected out for ascriptions of meaning." (p.287)

Despite these salutary features, I considered potential drawbacks to the use of the expressive arts. The art and story could have been perceived as demand characteristics by the co-researchers (Osborne, 1990). In this case, rather than enhancing their description, art might have inhibited it. There was also the potential that research participants might

focus on one salient feature of their experience in the art work, and therefore story, thus rendering other facets invisible. Seeking answers to these concerns, a pilot study was conducted. Additionally, I treated the unstructured interview as the core of the data, while the information gained via art, debrief and story was considered supplementary.

Participants

The Setting

The co-researchers were found among the clients of the Citizens' Counselling Centre (CCC). CCC serves adults in the Victoria area and is part of the Adult Short Term Assessment and Treatment (ASTAT) network of mental health service in Victoria. As such, the agency works closely with its counterpart at Victoria Mental Health. Clients at CCC are carefully screened regarding the urgency and severity of their presenting issues. Clients requiring urgent and/or professional intervention are referred to Mental Health. Thus crisis cases are screened out. The clients at CCC may be experiencing a wide range of problems of living but are judged suitable for receiving service from lay counsellors. Twice as many women than men call for service and the bulk of CCC clients are in their thirties and forties. Participants were sought that would reflect these demographics.

Intake at the Centre is conducted by telephone. The phone is answered by a staff person who has counselling training. Time is taken by this worker to attend not only to the facts the client offers, but to their distress. During the course of the call, if the caller is judged appropriate for CCC service, an intake interview (II) is scheduled, usually within 7-10 days. The intake interview: gains further information about the client's situation; acts as a second check of client appropriateness for agency service; and offers the client time with a counsellor. The II is conducted by a counsellor trained in the procedure. This may be a CCC volunteer or a practicum student. After the II, the client waits to rise to the top of the list. The office attempts to contact waiting clients once a month while they are on the wait list for information updates and to check on the client's situation. Despite this intention, after the II there may not be further contact from the agency until the assigned counsellor calls their prospective client.

Selection of Participants

Qualitative research is concerned with purposive sampling, accessing people who can best illuminate the phenomenon. The co-researchers were selected on the basis that they had lived through the phenomenon (Becker, 1986; Osborne, 1990; Wertz, 1984) and were able to articulate their

experiences. I had determined that four co-researchers would illuminate the phenomenon (Osborne, 1990), sufficiently manifesting its various aspects (Wertz, 1984) given the designed procedure.

All potential co-researchers were awaiting individual counselling at CCC. As a staff person, I had access to client information and identified clients who met my criterion of having waited at least 4 weeks for counselling [preferably longer]. Persons nearing the end of their wait period, yet still in it, were considered optimal. The names of potential candidates were then offered to the office co-ordinator who provided information on the person's ability to articulate their experience. Potential candidates names were then given to the executive director who mailed them a letter inviting participation in the research. In all, 22 letters were mailed. Five clients expressed interest in participating and all five were interviewed. One participant had experienced the waiting period as, "no big deal". He indicated he was not distressed by it in any way and he "just carried on with life" until his counsellor was assigned. While such an experience of waiting is as valid as any other, I considered that if I chose to retain this participant's description I might be perceived as slanting the data. Since it has been part of my personal experience that some clients are minimally impacted by the waiting period I realized I held a bias in this regard.

I selected out the "no big deal" waiting experience, deciding that the four remaining descriptions best illuminated the phenomenon. These four were selected for analysis.

A further co-researcher, derived from my acquaintance, was asked to assess the reliability, the goodness of fit (Osborne,1990; Wertz, 1984), of the final interpreted structure, with their experience. This individual, V, had been a client at CCC and had waited for counselling on three separate occasions. In addition to sharing the waiting experience, V was a university educated, articulate individual. As a final check of my findings, two more participants, who had not previously been involved and did not share the waiting experience in this context, were given the description of the waiting experience. Two members of my thesis group were asked if the description seemed to fit for them; if they could resonate with it. This served as a check of empathic generalizability (Osborne,1990).

Bracketing

Inspiration of the Inquiry

I have been involved with the CCC since 1991, in a number of roles: client, volunteer counsellor, board member, and summer worker. Presently I remain a counsellor and am employed as a relief staff worker. One winter's day Brenda Wilson, the executive director of CCC, asked if I would check

the University library for research on the effects of being wait-listed on clients. To my surprise, I found nothing on topic at that time. My curiosity piqued, I began to reflect on my own experiences.

Foreunderstanding

My first contact with CCC was as a client in 1991. As my life fell apart, I reached out for help...and was told I could expect a two month wait. I remember the shock of that moment and the pained settling in to manage as best I could. Luckily, a counsellor became available within weeks. Whew! The counselling space offered time for self reflection, support and discovery of what I needed to do for me. I was extremely grateful for this time and process. All the more, because there were occasions when I could not afford the \$5.00 fee. At these times I paid nothing. My desire to return what I had been freely given, led me to join Citizens' as a lay counsellor in 1992.

In my work as a counsellor, and later as relief staff, I discovered variability among clients' circumstances both during, and after, their time on the wait list. As a counsellor I found that where some clients had used the wait period as time to prepare for counselling, and had already begun the change process, others might be stuck and overwhelmed. As a staff worker conducting intakes I found that some people, especially those calling for couples

counselling, shrieked with despair on hearing the length of the wait, "We need help NOW!". Investigating their options could be discouraging, unless they could afford to pay at least \$25.00 or \$35.00 a session, the lowest end of the Victoria fee scale for private practice and some agencies. Other callers reacted to the waiting time with equanimity, saying there are waits everywhere and their problems aren't going away.

Interestingly, some clients chose to wait longer in order to receive 12 counselling sessions. CCC has an option of 4 to 6 sessions of solution oriented counselling (SOC) for appropriate individuals. The SOC wait list is generally only 1-4 weeks. I have had many people refuse this option, choosing to hold out for 12 sessions. This would appear to fly in the face of the crisis theory literature. Brenda's question aroused my curiosity: what do people experience?; what is their lived experience of waiting?; What do they feel?; what do they do?; is there a definable essence to this lived experience?

Predispositions/Bias

In my experience, the waiting period means different things to different people. Couples, in particular, appear to feel more urgency for service. I sense a process at work, though outcomes may vary. Something happens for people during

the waiting time. I wonder also about the role of poverty. Not only have I experienced the lack of options that accompany lack of funds, I have heard it in the voices of clients. Moreover, in 1995, I completed a qualitative evaluation for CCC, seeking client experience of CCC's sensitivity to issues surrounding poverty. My predisposition then includes a sensitivity to poverty issues as well as an understanding that many clients do not frame their difficulties in this manner. What I bring to this study is both an awareness that poverty may be a major factor in clients' lives and the knowledge that poverty's influence may be outside of the awareness or interest of the client.

As a summer work student in 1997 I conducted an evaluation of CCC's service from the client's perspective. A short answer questionnaire was devised and administered by telephone. As a result of this study I became aware of the importance of client expectancies regarding counselling service. Specifically, I found that client satisfaction with counselling was greatly dependent on what the client was expecting the counselling to achieve. As it relates to this research, I am predisposed to view client expectancies as significant.

Given my extensive involvement with CCC a potential bias may be my allegiance to the agency. My loyalty could potentially impact the way I view seemingly negative comments

from co-researchers. Indeed, my very valuing of the counselling process, both as client and counsellor, could introduce bias to data interpretation. My theoretical approach to counselling is an integrated one drawing on Existential-Humanistic, Jungian, Gestalt and Constructivist frameworks. Arising from these, my interest in presence, immediacy, lived experience, and bringing the background to the foreground naturally coincides with an existential-phenomenological research approach. Further, my interest and background in the use of expressive art therapies leads to my belief in and valuing of their efficacy for accessing and articulating otherwise inaccessible material. This point may again introduce bias. I must remain cognizant of and open to the co-researchers' sense of the usefulness of the expressive art procedures.

Procedure

A pilot study, with one participant, was conducted to answer procedural questions. In particular, I needed to know whether to accomplish the second data gathering interview immediately after the art and story or whether a lapse of a week would be more efficacious. In essence, whether the procedure ought to consist of 4 contacts or 3. I also desired feedback on the usefulness of the visualization (Appendix 1), art and story procedure. Would the art experience be

perceived as a demand characteristic? Was is it helpful or not? Would the story section be seen as necessary or helpful.

In brief, the planned phases of contact were:

- 1) Introduction - conducted by phone
- 2) Data gathering interview- visualization, art and story
- 3) Data gathering interview- interview
- 4) Conclusion - check interpretations for goodness of fit with participants

The four steps were followed for the pilot study. The procedure as outlined in the next section was delivered to the volunteer. This volunteer was a client at CCC who had just completed their waiting period. In place of the final, concluding interview, the pilot subject answered questions on aspects of the process. The client proclaimed that the visualization assisted her in recovering the totality of her waiting experience saying, "I was afraid I'd forgotten it and wouldn't be helpful to you". The pilot subject appreciated the art process as, "it made it easy to talk about it". This participant averred that she did not perceive the expressive art procedures as a demand due to the respectfulness of the interviewer, "No. It was great. You were very gentle and respectful, and you explained everything. I felt comfortable with whatever I did. Like, I knew that it would be okay". The story making was found interesting to the pilot subject, "I thought it was just funny when you asked, but actually when it was done... you know that's right on for what happened for me...for what I went through, the short form". Finally, the

pilot subject was queried on whether it might have been preferable to have had the second research interview immediately after the art and story rather than a week later. "I felt pretty full after talking about what I did in the art. And having a week in between, just gave me time to think about it some more. No, I think a week in between is better. I think I could tell you more about it later. I didn't have much left to say after the art". As a result of this, the research was conducted with four contacts, with the two data gathering sessions a week apart. The visualization, art and story procedure was retained without modification. The researcher attended carefully to providing explanation, gentility and respect in the course of the research interviews.

As mentioned, the procedure involved four contacts. The first contact was conducted by telephone. I introduced myself, the research, and began to establish a working relationship with the participant (Becker, 1986; Osborne, 1990). Co-researchers were advised that the data gathering sessions would be tape recorded and on how analysis of the data would proceed. The researcher gained details on how long each participant actually waited, which was factored into the ensuing visualization and interview. Any questions participants had were answered, and any concerns were

addressed. Finally, an appointment for the first data gathering session was set.

Data gathering began with the second contact. None of the co-researchers required the use of non threatening warm up activities before entering the visualization and art process. All were satisfied with the researcher's explanation of the process and ready to begin. During interviewing, the researcher endeavoured to be present with the co-researcher, and to create an atmosphere which allowed the participant to describe their life-world experience in its fullness (Becker, 1986). At this time, the researcher engaged the participant in a visualization (Appendix 1) returning them to their time on the wait-list. The visualization was followed by the co-researcher creating an image which held the experience for them. We then debriefed the image, with the co-researcher explaining and interpreting their work. Finally, the participant was requested to make up a brief story about their image. At the close of the visualization, art and story session, participants were asked to ponder the research question through the ensuing week.

One week later the second data gathering session, the interview, was conducted beginning with the question, "what was it like for you to wait ___weeks for counselling?". There was minimal structure to the discussion. I followed the co-researcher in the description and sought elaboration as

required (Becker, 1986; Osborne, 1990). My goal was to allow the participant to, "relax into recounting unpretentious life-experiences", and to, "dwell on [their] nuances and details." (Becker, 1986, p.113) Despite this intention I still, as researcher, needed to guide the interview process and draw out all aspects of the phenomenon. I was required to be both flexible and focused, spontaneous and disciplined (Becker, 1986). Toward maintaining my discipline and focus, I developed possible questions (Appendix 1) with which to prompt the co-researcher should they "run out of steam" (Osborne, 1990, p.81). For openness and flexibility, I trusted my counsellor training. In closing the interview session, two further questions were asked of all co-researchers. The first sought the meaning of the waiting experience for the participant: in your heart of hearts, deep down, why do you think that wait was in your life? What did it mean to you? The final question was born of the trend to reduce wait lists by reducing the number of sessions available to the client. I wondered what the clients would contribute to the debate and asked: if you had the option of a shorter wait with fewer sessions, say a one to four week wait, with four to six sessions, would you have taken it? Please say more. As this is not a phenomenological question the data generated, my analysis, and discussion are contained in appendix 3.

During and following data analysis I returned to the co-researchers with my interpretations in order to assess their "goodness of fit." (Osborne, 1990) The co-researchers had the opportunity to assess my synthesis for validity, for resonance with their experience. All participants concurred with my descriptions of their experience without correction and affirmed the description of the waiting for counselling experiences. As a test of sameness of meaning, or reliability (Osborne, 1990), I then offered the description of the waiting experience to a former CCC client of my acquaintance, V. V had no previous involvement with the research and had waited for counselling service at Citizens' on three separate occasions. This participant was asked to judge whether the interpretation of the structure and quality of the waiting experience conveyed her lived experience. The description was confirmed, "It rang true. And the no man's land analogy really rang true for me. That term really works well". Finally, the synthesis was offered to two members of the researcher's thesis group in a check for empathic generalizability (Osborne, 1990). Both reported they empathetically resonated with the description. One was able to respond to the interpretation from the perspective of a client for counselling and both concurred as counsellors who had heard client stories..

Data Analysis

Data analysis concentrated on the transcriptions of the data gathering interviews, with emphasis on the second session. Data gained in the art interview were considered supplemental. These data were viewed as embellishing the story and elucidating what might otherwise remain unsaid. Heeding Patton's (1990) advice that a novice researcher is likely to enhance their credibility by using an established method of data analysis, I based my thematic analysis on procedure outlined by Giorgi (1975) and Osborne (1990; J.W. Osborne, personal communication, Feb. 18, 1997).

First, the sessions were transcribed and the protocols read, individually, to get a sense of the whole. I attempted to grasp and delineate the essential "meaning units" within the protocol (Giorgi, 1975). Next, I sought the theme that, "dominates the natural unit" (Giorgi, 1975, p.87) and stated it in simple, descriptive terms (Giorgi, 1975; J.W. Osborne, personal communication, Feb. 18, 1997). My approach was to, "to read the description provided by the S without prejudice and [try] to thematize the protocol from her [sic] point of view as understood by me" (Giorgi, 1975, p.95). These themes were then considered for their relevance to the phenomenon in question, and redundant information was eliminated. Now left with non-redundant themes, I grouped them into higher order thematic clusters (J.W. Osborne, personal communication,

Feb.18, 1997). Each protocol was analyzed, within subject, in this fashion. When all protocols had generated their higher order clusters, these were compared across protocols, seeking pooled themes (J.W. Osborne, personal communication, Feb. 18. 1997; 1990).

As patterns were found, I also looked for competing themes and explanations (Patton, 1990) and engaged in procedures such as visual mapping and imaginative variation (Wertz, 1984) in order to ensure I had distinguished, "the essential from inessential features" (Wertz, 1984, p.43). The themes were also taken to a meeting of the researchers' thesis group for collegial input. Finally, the pooled themes were grouped into thematic clusters. This process was designed to reveal the constituent elements, the structure of the phenomenon.

The data analysis procedure as outlined was followed. However, I found myself dissatisfied with the themes pooled across protocols. In particular, my category of cognitive variables did little to illuminate the phenomenon. I began writing at this point but quickly found myself frustrated. While my pooled themes appeared to work, and I was confident that the elements of the structure as revealed was sound, each time I sought to elucidate the cognitive variables I found myself stuck. I was awash in too many words which carried too little meaning. Engaging in further mapping, journalling or

imaginative variation did not further my progress.

Eventually, I decided to take a step backward. My writing process clearly revealed I had missed something pivotal in my thematic analysis.

I re-entered the participants' descriptions through art. This was done for two reasons. First, I was using the same path of access I had requested the co-researchers employ. Second, I was stuck in words and cognition. It seemed useful to side-step these as a means of getting unstuck. Once more I listened to the tapes of both data gathering sessions for each co-researcher. While I listened, I painted. While aware that I was the instrument through which the participants words and felt experience were being rendered on paper, I sought to contain my own response and focus on what the participant was trying to tell me. My intent was to "get it". I had missed something in these stories and I wanted to get it. As it developed, the painting formed a sort of visual note taking; a visual, rather than verbal, transcription. Through the use of colour, symbol, and words the paintings conveyed both the content and felt experience of the co-researchers. Immediately following the painting of each co-researcher's story, while still immersed in their data, I wrote a description of their experiences. Each paragraph of the description was then considered seeking, "the gist of it". The gist of the paragraph was set above it as a heading. At

this point I contacted the participants, read their description to them, and asked for feedback. Had I "gotten it?" Had I missed something? Had I overemphasized or underemphasized? To my surprise, and delight, the participants confirmed my descriptions without revision. ["Wow! You really nailed it" (B)] Finally, the written descriptions were compared to the protocols and themes to determine fullness and accuracy.

This immersion in the data, and resulting descriptive narrative, remained within the parameters of an existential-phenomenological approach to data analysis wherein, "there is no orthodoxy." (Osborne, 1990, p. 84) Osborne described this approach as more interpretative than one which utilizes content analysis and he cautioned the novice researcher on its difficulty. "The interpretive process depends upon the researcher's sensitivity and perceptiveness to the data." (Osborne, 1990, p.85)

This process accomplished two things. First, it confirmed the elements of the waiting experience as previously revealed. It also revealed the source of my difficulty in data analysis. I had broken the meaning units down too finely, into sentences or even phrases. I realized I had engaged in a coding process as outlined in an undergraduate course in qualitative research and not found the natural meaning units referred to by Giorgi (1975). The art and

writing assisted me to re-constitute the natural meaning units. I found that my deconstruction had separated the cognitive activity from what the participant was doing with it. For example, I was aware that R extensively employed self help books and positive self talk as a means of coping during her chaotic waiting experience. The painting exercise allowed me to discover the purpose and effect of this cognitive activity. Being in the mental realm was calming for R. When she was in cognition, R was no longer immersed in her feelings of helplessness.

Armed with these insights, I refined the cognitive themes. Not only did participants employ cognition as a coping strategy, but their hope for a better life and expectations of counselling threaded through their waiting experience. As I continued to write, I found myself constantly referring back to the actual protocols. At this point, I no longer worked with the themes I had generated, but with the actual meaning units and their pooled theme. This allowed accuracy in quoting and kept me close to the data.

Different methods of data collection, from different sources allowed for triangulation and enhanced the quality of analysis possible (Patton, 1990). The data gathering procedure had secured additional data for within person and across persons comparisons in the form of art itself, the co-researchers' descriptions of their art, their stories and

finally the protocol of the second interview . For example, through the visualization and art session, T was very close to her orange blob place of depression and spoke at length of the gifts it offered. The second interview session saw T refer only briefly to the orange blob. When she did do so, it was largely with frustration and humiliation. Instead, T spoke at length about her battles with her psychiatrist, something that was not even mentioned in the first session. Thus, the art and interview process revealed both sides of T's internal struggle: her tired, depressed self, and her strong, struggling ego.

Data Presentation

The body of the thesis contains the story of each participant as well as a description of their waiting experience. The descriptions have been validated by the co-researchers as accurately conveying their process. Additionally, the data from one co-researcher, B, is presented in Appendix 2 . This includes the protocols from both data gathering sessions. As the descriptions of the participants experience within the body of the thesis are so thick it seemed unnecessary to include all of the participants protocols. A table demonstrates the process of thematic extraction which was employed with all protocols. The clustering of meaning units under their pooled theme also

appears. The aim of the data presentation is to allow the reader to follow my decision path, and assess the validity of my interpretations. This allows for a final check of validity, juridical review.

Chapter Four: Descriptions of Participants' Experiences

The results section begins with a description of each co-researcher's experience including their stories. The descriptions are thick for two reasons: 1) as I had asked for the co-researchers experiences I wanted to include them out of respect and 2) the thick descriptions allow the reader to assess whether this researcher's analysis is logical. All of the descriptions and interpretations have been confirmed by the co-researchers as accurately conveying their experience.

B's experience

The Story of Rainbow

Once upon a time there was a fish, and this fish was very innocent. It got into the big bad ocean and there's lots of life in there, and lots of things going on, sharks, whales, algae, kelp, all kinds of stuff in there. This fish got scared and it tried to run away. It kept running and running and running and it couldn't get out! It was going against the current. So this fish decided to go with it, the flow and to go with the flow and he started swimming a lot easier and going places. And he came across this unknown territory and started to again back off a bit, but not like before...didn't want to go there again. So he swam through and then made it through that and then came to another obstacle. And because this fish had been through so

many obstacles, and had learnt what not to do, and what to do, he decided to just plunge forward with it. The fish went through this big pool of water. He kind of got shaken up in the process but then came out and there was sunshine awaiting at the end. Right now the fish is just swimming along knowing that she's gonna go and meet obstacles but knowing what path to take rather than stumbling and holding back. The moral of the story is to not try and change who I am. Stay with who I am and work with it and go through life with just who I am.

Description of B's Experience

B is a 39 yr. old woman currently completing a graduate program. To financially assist in the completion of her degree, B has moved back to her parent's home. In addition to her studies, B maintains 2 part time jobs. At the time of the research interviews B was again waiting for service at Citizens' Counselling Centre (8 weeks) having concluded one set of 12 sessions the year previously. Although B was selected for this research based on her current waiting status, she spoke primarily of her waiting experience the previous year which was still fresh in her memory. B waited 9 weeks for both sets of counselling sessions.

An Individual Has a Problem Which Suddenly Becomes Acute

B's image and story of Rainbow is evocative of both herself and her process. In Rainbow we see a protagonist who is innocent, anxious and hopeful; one who meets the obstacles of life with some trepidation but ultimately swims through fortified by the vision of a better future, by hope. "I always look at life as hope. Despite where I was, and going through my process, not feeling comfortable, I try to look at my... what I do have" (VA31).

Speaking of her initial wait experience at CCC, B remembered having been triggered by a video shown at school. The video centered on an alcoholic, "who had a temper and he was trying to get back with his wife or something and the whole scene with his drinking" (68). Suddenly, B was transported to her childhood, "I just remember it really hitting home to my house, to my whole scenario at home" (69). B realized, "Yeah, this is how it has been at my house for this many years and this is how I have felt for this many years" (72,73). B acknowledged the pain of her earlier years, "not knowing how to deal with things as a kid" (74). Feeling trapped "in that whole yukky scene" (71) B, "knew I had to change something and release something" (80).

Calling For Counselling: Speaking and Facing Issues

B had thought about calling CCC for counselling for awhile and the video led her to make the call. The very act of calling and speaking her issues was significant, "from the time that I hung up the phone was like I had done it. I had begun facing what I needed to face, and it was out there in the open, and it was something I wasn't going to go through alone." (26, 27, 28) B described the telephone intake worker as empathic, understanding, validating and supportive allowing her to feel okay about having spoken with, "a sense of rightness and so okay that's out there" (35). The fact of her having spoken and faced her issues and their being well received, "was just a really freeing experience" (32). Calling was so significant that afterward B found herself thinking, "Hey, it's all over'". It was almost completed at that time. It felt completed although I knew I still had work to do." (37, 38)

The Week Between the First Phone Call and Intake Interview Was Emotional

B found the week between the first phone call and the intake interview to be filled with fear, anxiety and excitement. She received a letter from the counselling centre which concretized the fact of the impending counselling. "It was like, 'this is really happening'" (97). Although B, "had been through about 5 years of

counselling 5 years prior to this" (98) and had found it a positive experience, "this time around it was different. Thinking, "now I'm going to get to the bottom of this and it's going to be game over, fixed for life! No more after 12 sessions, this is it!" (99, 100). B adds that she has amended this view during her current wait, "now I feel like it's going to be a life long process" (101), but last year the sense that "this was it!" was pronounced and fueled her anxiety. During the week prior to her intake, B also felt fear about telling someone, about letting it out and of how it would be received, "I look at it like a little turtle coming out of his shell for the first time in 20 years and what's that going to be like? What's it going to be like to talk about this?" (107)

The Intake Interview: Facing Issues; Letting It Out and Letting It Go

The Intake Interview was the first thing B talked about in both research interviews. B explains the significance of the Intake Interview as, "Being close to doing it [counselling] was scary. I get there but the process is scary. The dark [in B's image] is the fear and uncertainty of the unknown and what will come up. Its safer to stay back. That's been my coping mechanism. Stay back. Don't get involved. Stuff your emotions, keep busy, get on with life."(VA2) For B, the very act of speaking was to break

her silence, to defy her own coping mechanisms and enter the unknown. Yet she was determined to do this and so she did, "Blah! This is everything I have and I have never done that before. It was Out There and it was done and I felt quite raw after" (VA3). Afterward, B found that, "letting it out was a healing experience for me." (4)

In the intake interview B was able to talk about her parents, her relationships with her parents, and her father's alcoholism. It was important to B to be speaking of these things rather than remain in silence and avoidance. "Even though I wasn't able to talk to my Mom and Dad about it so much, but being able to talk to somebody else about it, rather than saying nothing about it to anybody. Avoidance is a powerful reinforcer." (19, 20) The act of speaking was emotional and resulted in feeling raw, followed by silence, "It felt a little too raw to talk about for a couple of days, then it settled" (8). B also found that when her emotions and issues settled, and she accepted what she had said, "it felt good." (7) B discovered her issues had settled in a different and better spot, "I'll use the analogy of shaking a glass of water with sand - the sand settling in different spots and it's a better spot." (10) The analogy illustrates B's belief about the benefits of facing her issues, "The outcome, I'll feel differently after

I have faced things head on and the different will be better." (13, 14)

Importantly, B achieved her aim of speaking and facing her issues despite not feeling accepted or well received by the intake interviewer. "I remember it was pretty much internal, because I didn't really feel accepted by the intake person. I needed to say what I had to say and I did and I didn't need her to do anything with it." (22, 23) B acknowledges that the letting it out was emotional, "not a good feeling, because I didn't feel received well on the other end" (VA4), nevertheless, "I knew what I needed to do and I did do it." (VA5)

After the intake B felt physically lighter, "I felt like a load had been lifted off me" (15) and found herself more accepting of herself and her parents, "I just accepted things more with them rather than trying to change them." (17) B, "felt that I had done a lot of work in that intake interview" (VA8) and "it was enough to carry me through for another couple of months" (2). In her drawing B showed the period following the intake interview in pink, reflecting her lighter mood, "Letting it out and letting it go. It seems like when I let it out, I let it go." (VA13)

Waiting: Containing and Keeping Busy

After the intake interview, B found she was more accepting in her relationship with her parents and herself. Because of the intake she was, "able to focus a lot more on my life and on me." (VA10) B's wait period lasted between November and January. Life events assisted B in focusing on her life rather than her problem. Reading break occurred and friends arrived for a visit (51) followed by end of term assignments which kept B busy at school (47). December brought Christmas which B enjoyed as quiet with few family dynamics (53). A new phase of school, with new classes and adjustments, started in January (54). Over the wait period B also had relief from her problem scenario when her parents went away for a period of time (52). Moreover, "in terms of the family dynamics - Dad drinking and Mom getting mad that wasn't happening as much during that time." (86) Not only did, "the things I was doing and the happenings in my life sort of kept me away from thinking about the counselling" (55) but B, "didn't really think about it because I knew it was far enough away." (56)

While B was aware of, and anticipating, the impending counselling she also made a decision to concentrate on the present, "I looked forward to it [the counselling], it wasn't like I was afraid of it, but I thought, "well, right now nothing is going to happen, so business as usual." (57,

58) Assisting B in this endeavour was her generally improved sense of herself and her life, "I felt better that my life was on track and I was able to handle things and it didn't seem to be right in my face at that time. I don't know if it was being in the process already and starting to change things on my own, or what it was, but it just didn't seem to be right there." (62-65) B notes that this was a change from her usual experience of dealing with problems, "I usually do wallow when its right in my face. I can very easily slip into a very depressive state." (49, 50) She reflects that, "at that point I was looking at the situation I was going through with more compassion, more, sort of self compassion rather than beating myself up." (VA16) On her changed response to her problem B concluded, "I think there was a combination of the things happening in my life and how I was internally." (67)

While B noted a general improvement in her response, life was not completely clear sailing. In January B started a practicum placement, "and didn't like it and feeling all these insecurities and everything was coming up again." (VA19) At stressful times B found herself physically tense and facing her insecurities, "I remember going through such shifts where I would feel a lot lighter and freer and then in different, stressful situations, I always feel my body tensing up." (90) At these times B found herself, "thinking

again about the counselling and thinking that I want to be more comfortable with myself." (VA21) While the impending counselling held hope for a better future, it generated its own anxiety, "There was anxiety about dealing with things, anxiety about my counsellor, anxiety mainly though about facing things head on but knowing that's what I needed to do." (102, 103, 104)

Despite these stressful times, largely B forgot about the impending counselling during her wait period to the extent she was shocked when her counsellor called. "The waiting..you could just say putting it in a container, just containing for awhile then letting it out." (144)

Meaning of the Wait

B viewed the waiting periods as part of her learning and growth process. B found that the first waiting allowed her time to realize the dichotomy within her process, "I look at a real dichotomy between moving through and fear." (113) "There's going to be two sides to the coin. There is going to be this progress, this flowing through of things, and yet there is always going to be those stumbling blocks and defense mechanisms and coping skills." (116, 117. B believed that at that time she needed to come to the awareness that forward movement continues regardless of the stumbling blocks. "They may be negative, like wallowing,

but there is also that moving through as part of the process and I needed to realize that at the time." (118, 118a) She viewed her current waiting experience as being about applying and enlarging on her previous learning. "Just be myself and to not let go of that, of who I am, and not let all the stuff around me affect my own being." (123) B wondered if accepting and finding meaning for the roadblocks she encounters might be the next step in her growth. "Its more difficult to accept the roadblocks, and maybe that's what I need to work on, and accept the meaning and facing them. Moving that mountain just a fraction of a centimeter after a big storm." (124, 125)

Would The Option of a Shorter Wait and Fewer Sessions Have Been Chosen?

B would have chosen the option of a shorter wait, "I would have preferred less wait." (148) Speaking of her first waiting experience she said, "At the time I went in, I was really hurting. I felt I needed someone to talk to immediately." (148) As we have seen, the very act of speaking her issues served to plunge B into them, "After the intake I was left sort of vulnerable and wanting more time to talk about what I was going through...I would have benefited from even an hour after that." (149, 151) B noted that companionship in facing her issues would have been

helpful, "Depending on the counsellor, I would have appreciated knowing that I wasn't alone." (150)

B found her distress was not as acute at the time of her second call for service, "I wasn't in angst like I was the first time" (153) and described herself as, "patiently waiting" (155), adding, "it didn't matter." (156) Despite

this B says she would still have chosen the option of a shorter wait. B found that waiting for service interrupted her process, which had already begun by virtue of calling for service, "I would have been ready to start sooner. I already had really. Once the process is started it's good to keep going with it, rather than having it interrupted by the wait." (159, 160)

R's Experience

The Story of "Woman on the Verge"

Once upon a time there was a very controlling, perfectionist woman who was on an emotional roller coaster and she can see where she's happy and can figure out where she's not happy...can make decisions to relieve her unhappiness but mostly falls into some of the same old patterns. Mostly because of not feeling in control in her life, with the more important people in her life, unable to help them as much as she wants to. I see a very happy ending for this story if it ended right there. She knows where she wants to be, happy. I know what I want. I don't want to be black and blue. Purple, I want purple, and pink. Purple and pink are good.

Description of R's Experience

R is a vivacious 34 yr. old woman who makes her living as a waitress. Her daughter, D, had just turned 13 and R was very concerned about further battles with her daughter through the teenage years. R was also preparing to move back to her childhood home of California in the summer. R was advised she would wait 5 to 8 weeks for counselling and actually waited 8 weeks. R had two sessions with her counsellor concurrent with the research interviews.

An Individual Has a Problem Which Becomes Accentuated

R described her home life at the time of calling for service as chaotic and stressful with fights among herself, her daughter, and her fiancée, "A lot of conflicts. Being a mediator between my boyfriend and daughter" (VA 1), and "I couldn't control that. There was nothing I could do to make it stop or go away. It felt very dark." (VA3) R described herself as an essentially happy, optimistic, person who is also a controlling perfectionist (137, VA57). R declared that her daughter, D, has been a teenager since the age of nine when she began acting out (121). Past incidents of D's behaviour involved theft and violence (121-123). At 13, D was now bigger than her mother and capable of physically overpowering her (VA26). D hated R's fiancée, K, resulting in "scenes in the family" (78). In addition, K had anger issues, "He is very angry and violent. He has a violent streak." (VA90) About the time that R called for service at CCC, K began attending initial group sessions at the Family Violence Project (VA 91).

Increasingly R felt out of control in her home. R often thought she was a lousy parent (99) and that she was losing the battle (VA34). Despite her best efforts she was unable to resolve the conflicts in her family. The looming wedding date placed increasing pressure on R, "Am I? Am I getting married? Am I marrying the right person the right

time?" (VA89) This concern resulted in R's desire to have her step family function more peacefully and harmoniously. "I originally came here to try and integrate the family better." (VA4) It was this desire that led R to call for counselling when a friend recommended CCC.

The Individual and Her Problem Have a History Together

R was no stranger to counselling. She described herself as having worked with her issues for eight years beginning in adolescence (VA96, 32). While she stated she didn't truly appreciate counselling in her teen years (32), it took on more meaning in her twenties (33) and she often would seek it out for tools to deal with a specific issue, "even if it's only for 1 or 2 sessions, just to get me over a hump." (37) R's friend had advised R there would be a wait for service at CCC. Since she expected the wait, R had no adverse reaction upon hearing she might wait between 5 to 8 weeks, "Oh I expected that. I had been told by the person who referred me to Citizens', so I wasn't surprised at all. I had no sort of emotional reaction." (44-46) R's former counselling experience led her to believe in its efficacy and to have faith and trust (30) that it would appear at the right time. "I have the experience that with counselling...things may build up but I'll be able to work it through and help will come when I need it." (42, 43)

The Intake Interview: Venting, Marker and Sign

R found the Intake Interview (II) a relief. She was able to say anything and everything without sifting big problems and contributing factors, "You can talk about all the problems, you don't have to focus on one. She just wrote it all down." (58) R added, "I don't think any major problem is there without a whole bunch of contributing factors." (61) R appreciated the effect of this venting. "It cleared my mind of what was going on" (60), and "I felt really good leaving the intake. Yeah. I felt lighter. Lighter, happier. Yeah." (63-65) R notes that the II was also a sign "that I was in" (52) at the agency. It was also, "another step forward" (51) on the road to counselling. Moreover, the interview acted as a marker of the process, "like if the intake hadn't happened within a week, um say it was a month later, I think I would have been disappointed that I wasn't any closer to getting in...I would have felt, 'oh, well then, it's not true'." (53, 54)

During the Wait, Life Goes On: Coping With An Emotional Roller Coaster and Duality of Life Experience

Stress and fights continued at home throughout the early weeks of R's waiting period. R increasingly felt out of control and constantly thought, "I need help! I need help! It was always. It was an ever present feeling. 'When

am I going to get my call?" (VA7, VA8) Along with the chaos came emotional upheaval, "I had a lot of different emotional things happening. Well, because there was so much going on at home, um, it was an emotional roller coaster." (68, 69) R would measure herself against societal standards and find herself wanting. "There's a lot of expectations for mothers. And you know, when you start looking at yourself and you don't meet them, then you start getting down on yourself." (85, 86) Comparing herself to this introjected standard led R to increasing negative thoughts about herself, "I'm a lousy parent. I'm losing the battle. I'm a loser." (VA35, VA36) The negative thinking would plunge R into a depressive state. At this point, "I'd beat up on myself and get depressed so that's when I'd get into my books and look forward to counselling." (90-91)

Self help books on parenting and anger helped R by offering perspective (72-74). The books assisted R in controlling her feelings (80) and helping her sleep (75) but she found she was unable to implement her learning from them. "It helped me think things through, but I didn't have a... I wasn't very successful at using that information." (74) The books did help in that, "at least I could stop myself from getting, you know, really down, all the time. I didn't get down all the time about myself. About, you know, being a lousy parent, or, you know, being unable to cope." (82-84)

During times of stress R also anticipated the counselling, "I think I mostly was just optimistic that it was going to be coming soon, it would be coming soon. I was kind of hinging on that." (1) Thus when family scenes and self talk would plunge R into feelings of chaos, helplessness and depression, she would find balance in self help books and anticipating counselling (87, 88). Moreover, R had relief from her problems when at work. She was happy at work and there was only one occasion that her home problems intruded leading to tears (150). Otherwise, R enjoyed her co-workers and customers leading to a life of happy at work, unhappy at home, "Oh I'd go to work and I'd be happy as a clam, and then go home and go ohhh, this is my life!" (150)

The Issue Changed for the Better: Life Becomes Easier

After attending only 4 sessions at the Family Violence Project, K refused to pursue further counselling for his anger issues (VA94). This fueled R's growing anger and resentment, "I got really, really pissed off with him like, 'you think that in 4 sessions you're better? I've been working on this for eight years! You think that suddenly it can just be all better? You're insane!'" (VA95- VA97) At about week 5 of the wait period there was, "this big blow up" (104) and "I broke up with K, kicked him out." (96)

The ejection of K led to a feeling of elation for R (97). Additionally, "my daughter got better immediately. She was an angel for a week!" (VA6)

After this euphoric period, there was one of sadness, of mourning, for all of R's future plans had been with K. "All of my decisions that I had made in the last year, before breaking up with K for the last time, were based on us being together." (VA17) R had to let go her dreams of a life together (VA18). R also had to phone her mother in California and explain the break up. To save her mother traveling the "emotional roller coaster" (69, 78) with her, R had not informed her Mom of the difficulties she was having (VA10). Calling her mother meant not only facing her mother's anger at being left out, but revisiting the ugly times of the last 3 months (VA13). Sadness came with the reality of the break up and the review of her recent difficulties, "I was really blue." (VA21) In a short time R's mother overcame her anger and offered support, "by the second or third call she was just sad and sorry for me. Sorry she couldn't help." (VA16)

R soon arrived at a calming realization. Her intended move to California could indeed go ahead without K and it would actually be much easier (104-106). As R is American by birth, she would have none of the difficulties K was anticipating with border crossing and work permits (VA23).

Suddenly life felt easier, freer, "my life was so much simpler. My moving to the States was so much simpler. Just everything was easier. Everything was suddenly easier and I was really looking forward to the future." (105-108) Her friends came forward to offer help; one offered to drive to California with her so she needn't make the trip alone (VA25). It was arranged that R's ex-partner, D's father, would take D for 2 months over the summer, simplifying R's life and move (VA66).

With this felt sense of life being easier came a continued desire for counselling and a refocusing of issues. "I felt I could refocus on my daughter and my relationship with her." (98) R saw the refocusing as positive, "I thought, 'hey, this is a good thing. This is a good thing. You know, now I can focus on, you know, something that ultimately is probably more important'." (100, 101) R realized that she would have been unable to focus on her relationship with D so long as K was in the picture. "My daughter was very resentful of him, and to rebuild would have been next to impossible." (20, 21) R was also aware of her own patterns of control (111) and hoped counselling would assist her in breaking the. "I wanted to deal with my controlling nature." (VA99) R continued to believe that the counselling would come at the right time and, "whether I

needed it for one thing or another, I was going to be able to use it." (109)

As life continued so did conflicts with D, but they were not as major as before (70). Generally, life was easier, but a sadness was present, "Smiling but there's this blueness" (VA72). There were good days and bad with D. "She was just not being cooperative." (VA31) R continued to have times of feeling out of control and thoughts of being a lousy parent which she countered with her books and hopes for counselling (VA73). Work remained a pleasant relief, "I guess a conflicting time for me too, 'cause when I'm with D, it's bad and when I'm with everyone else, it's good." (VA39) Stress continued in R's life, now in the form of readying for her summer move to California, "I've still got a lot of stress and anxiety like moving and all that." (VA65)

In spite of R's essential optimism and hopes for counselling, her anxiety included fears about the future counselling and counsellor. R sometimes worried that if the counselling did not begin soon she would not be able to fit in her 12 sessions (VA60). "That kind of weighed on my mind too. Like, I've got this short period of time and what if I have to wait 12 weeks, then we'll have only 2 months to deal with all this stuff!" (VA63) Sometimes R worried about her future counsellor. "You know, when you come in you're just not sure who you're going to be paired up with and if you're

going to gel. So, there's a little bit of apprehension, but at that point, any help is good help." (48-50)

A Good Time and Happy Ending

Due to the flexibility in her schedule R had hoped her wait would only be 5 weeks. As the weeks wore on R reassured herself, "I felt the centre was making sure I had a really good match, instead of just putting me with someone who kind of matched me." (157) On meeting with her counsellor R was happy to find the counsellor had a similarity of life experience and attributed the extra 3 weeks of waiting to CCC's commitment to finding a good match of counsellor for her. "It's been a good pay off because I've been paired with somebody that's really beneficial who's been through a lot of what I've been through. So I definitely got a good match and it feels better." (5-7) R gleaned the information that Citizens' takes care in matching clients and counsellors from the intake interviewer. The interviewer had assured R that if she didn't feel a match with her counsellor, she could request another one (162), "but I'm glad it didn't turn out that way because, um, because I wouldn't be able to say right off the bat if the person was good or not." (163) Concurrent with the research interviews R had 2 sessions with her counsellor

and related, "she's been really instrumental in helping me divide my self from my daughter's life." (159)

Through the art process of the research interview, R realized that part of her parenting problem was that she enjoyed being in a kid place herself (144). R understood that she desires the freedom of childhood with the goodies of adulthood such as her car and home (145). As she pondered pursuing this insight in counselling R added, "I don't like want to be twenty and not knowing what I'm doing, you know, but I would like the freedom of being a kid. I titled my drawing 'Woman on the Verge'. I think, um, it's both ways. Woman on the verge of anger and lack of control, and being a loser, and woman on the verge of happiness, and contentment and tranquillity...so, vacillating between the two." (146-148) Reflecting on the emotionality of her waiting period R added, "The whole period was a period of vacillating, really emotional. Definitely emotional." (149, 150)

Resources and Ameliorating Factors

R counted herself lucky, "Because I just have things to fix, you know. I don't have me overall to fix." (136) The things R wanted to fix are her pattern of perfectionism and need for control, rather than deeper issues that might be faced by survivors of sexual abuse (132, 133). R recognized

from her past counselling that whatever issue she enters with, she always ends up dealing with herself and her perfectionism, "Whatever the issues that bring me to counselling are, the same inner things come out." (VA106) R described herself as essentially optimistic (137). Speaking of life R said, "I lead a charmed life, even with D." (VA83) R was clear about, and grateful for, the support she had available, "I have a very strong support system all around, family and friends." (137)

Would the Option of a Shorter Waiting Period With Fewer Sessions of Counselling Have Been Chosen?

R would not have chosen the option of a shorter wait with fewer sessions of counselling had it been offered. "No. I was working with patterns and habits, and it's a longer term thing that's been in my life, and so I need a longer term to sort it out." (111) R noted she has a great deal of experience with short term counselling and has found it valuable for certain things (115-118). She appreciated the tools it has provided to help her meet life hurdles with her daughter and friends. "It was helpful for, um, a quick, quick response to whatever the problems were at the time, and just helpful little tools". On the other hand, short term counselling has not allowed R the time to change how she feels about issues. "Um, it's not just a matter of

changing how you talk, it's changing how you feel about what you're saying. And I can change how I talk in a few weeks, but I can't change how I feel in that same time. In a few weeks you can change how you talk about something but not how you feel about it." (112, 113) Moreover, as her control issues are life long, she did not believe short term counselling would be most effective. "I mean, it took you your whole life to get to this point. I don't think that, I don't think that you're going to be able to change your behaviour that quickly. I know I can't. I can change my surface behaviour a bit, but I can't change how I feel about my controlling issues, or my only child issues, or whatever, in just a couple of sessions." (175, 176)

R also worried that some people may be dissuaded from pursuing counselling by short term work, "They're not likely to pursue further counselling because they don't see instant change. If they don't see, if they don't see enough change to make, to give them the faith that it will help, because a lot of people don't do self help and um, don't keep going back." (172, 173) Noting that some people are in counselling for years, R believes, "If you really want to get to the root of your behaviour and your problems and change it, then I think you need more time." (169) R concluded, "So surface, short term; Deeper underlying issues need the longer term." (177)

S's Experience

The Story of "Compressed"

The girl with no face is about to explode and she doesn't know how it's going to end.

Description of S's Experience

S is an 18 year old woman. She makes her living as a salesclerk and is considering higher education. S lives at home with her parents and sister. S was advised to expect a 5 to 8 week wait and actually waited 6 weeks. At the time of the research interview, S had seen her counsellor for 6 sessions.

An Individual Has a Problem

S's image showed a stick figure without facial features. The lack of facial features was a conscious choice on S's part, "I thought about putting something there." (15a) S's identification with, "the girl with no face" was evidenced by her many I statements regarding the picture, "I'm about to explode." (1) The vagueness of S's self definition was captured in recurrent, "I don't know" statements (7, 24, 24a, 27, 62, 78a).

S had been depressed for a long time. She described her life as, " I don't know, I just wasn't doing anything with my life. Just basically depressed, crying all the

time." (27) Her doctor had prescribed anti-depressants (25) and a psychiatrist. S tried the psychiatrist but didn't like it. "My doctor recommended a psychiatrist and I didn't like it or her. I don't know which it was, but it didn't work for me." (26) The doctor then suggested the counselling approach. "She thought this would be better - just counselling and not just like getting prescribed drugs or something." (27) S continued in her lack of involvement in life, feeling constantly pressured and trapped by her amorphous problem. Referring to her image S said, "I guess the lines around me is being trapped, 'cause you are in a way when you have a lot of problems like that. You are not free and you kind of feel trapped by your problems and I didn't feel like they were going away." (3, 4, 4a) One day S had a, "huge fight with my sister and her friend and that's why I called for counselling." (29)

Calling for Counselling Taking a Step

S stressed the significance of calling for counselling. "I on my own, I reached out, and asked and started doing other things. I guess I started to change my life already" (64). S realized that, "I hadn't done anything in so long. That's part of the reason for being depressed. I had nothing to look forward to and I wasn't happy with my life and I wasn't happy with myself. That phone call was like

taking a step" (66-68). Having done something positive for herself S found, "I had taken a step and having taken that step I took other steps" (69) and "then other good things happened" (40). While S was surprised to hear about the length of the wait, which she was advised would be 6-8 weeks, she quickly adjusted to the idea. "I mean, I hadn't had it (counselling) in so long, it wasn't like I need it now, kind of thing 'cause I haven't received it in so long and I've felt I need it for a long time. My problem was long standing. It wasn't like it wasn't going to be there next month." (53, 54)

The Intake Interview: Helpful, Signifying Counselling Was the Right Thing To Do

S counted herself lucky to have her intake interview scheduled the very next day. She connected with the intake interviewer, "She was very nice and it was like connecting, talking to someone"(32) and found the intake helpful. "The intake interview felt good because I had some hope and she gave me some advice, I remember...it was quite helpful." (50) Later, S acted on the suggestions of the interviewer, using the wait period as a time to reach out and make connections. Importantly, S's experience of the intake interview allowed S the conviction that counselling was, "it was just the right thing. It was right for Me." (33)

Waiting: Continuing Depressed and Busy; Duality of Life Experience

S found it difficult to separate the waiting experience from the rest of her life, "It's hard to pick out the wait thing, the counselling thing, because a number of things happened at the same time." (47) She also found it, "hard to remember the way you feel." (15) Nevertheless, S describes her life as busy during the wait. S remained depressed but many new and good things occurred, "I was still depressed throughout the whole thing but then new things come with it." (34, 34a) S's good things included: landing a job she had wanted (17); Christmas, a time S always enjoyed (16); and anticipating the start of school in January (17). While depressed, S noted she was also, "feeling, like hopeful. I guess, like a new life is coming" (11) due to the positive things happening in her life. "Before I called there wasn't anything positive to look forward to" (38) and "I had taken steps, and I did have the counselling started." (20) While S kept busy during the wait and, "... wasn't really thinking about anything [re her problems]" (37a) she did sometimes worry about the impending counselling, "what it might be like...like if it would help." (47a)

S found her essential hopefulness through the wait did not disallow mood swings, "I think I had been better than I

had been in a long time...between high and low emotions. I could go from being down there to up here and then something little would happen and I would be down there again. I think I was just hopeful." (44-46) In the background S felt pressured while in the foreground life was busy, "There was a lot of distraction in the moment, new starts and hope for the future. At the same time there's this compression in the background." (22, 23)

Meaning of the Wait: Good and Bad

S noted that the waiting period had positive and negative consequences. At the time of the research interviews S had seen her counsellor 6 times. S believed the delay in receiving counselling made it more difficult to access her problems, "It would have been easier if it had been sooner because I push everything down and I had to bring it all back up again and it was harder for me to get started because I'd put it somewhere then it takes a lot for the counsellor to help me find it." (55-57) Moreover, the catalytic incident which provoked her to call for counselling was in the distant past and difficult to access, "It was hard to talk about when it was so long ago." (61)

An advantage of the delay was that it provided S time to engage with her new starts, "I know I had a lot of good things happened at once in my life and it gave me time to

get on with other things." (62, 63) As well, she had time to reach out and act on the observation that she might be lonely, "in the intake session she told me to...I was really lonely before, so I just wasn't really doing anything with my life." (63) By the time she started with her counsellor, S assessed herself as being, "more stable" (69a) than when she called for counselling. She had taken the step to call for counselling and do something with her life and then started doing other things.

Would Shorter Wait/Fewer Sessions Be Chosen as an Option?

S would not avail herself of the option which would lessen her waiting period. She knows that it is difficult for her to open up to strangers and that she needs time to get to know people. "No. It took me a couple of sessions to get open and be comfortable." (70) S noted that after seeing her current counsellor for 6 sessions she was able to enter a session and start talking, but it took time to reach that point. "When I first sat down, you know, it's hard to talk about yourself. I don't think that many sessions would be enough at all." (75,76) S also considered the long standing nature of her problem a factor. "I mean I'd been depressed and wasn't going anywhere for a long time. I'd had my problem a long time." (77) As well, S didn't really know why she was feeling as she did. Her problem was

diffuse and did not allow an easy starting place, "I didn't even know why I was feeling this way, so, it takes a while to figure out. I didn't really have a starting point."

(78a, 79) S considered that if a person had a very specific problem, then shorter term counselling might be appropriate. "If I had some problem I didn't know how to deal with, it probably wouldn't take me as long as with this overall feeling." (78)

T's Experience

The Story of "Aloneness"

In this castle there's a dome with an arc that has tremendous power. And a person seeking answers goes down under the arc, and bends down to the earth, and waits...for answers.

I would like to get to wherever it is I'm supposed to get. I'd like to do it, and I'm not the easiest person to do that with. It's an adventure, boy! And the arc is a place of great power and to go underneath it to seek answers, that's what I feel about this time. There's hope that answers are to be found along with frustration. I would just like to have a better life and if I could do it, I'd like to get it done. I can't spend my whole life with my face in the carpet. Although they say yogis sit for years and that's Nirvana. So maybe this is Nirvana, my face in the carpet.

Description of T's Experience

T is a 49 yr. old professional woman possessed of a cynical wit. Advised she would wait for 5 to 8 weeks for counselling T actually waited 9. T had her first session with a counsellor between the first and second research interviews.

An Individual Has a Problem

T described herself as an impatient person (183) adding, "I've never been a person that waits really at all anyway", (120) who is familiar with depression. She recognized herself as having, and being validated for, a tough and strong ego, "You get compliments, or you get, um, approval for being a certain kind of person. Intelligent, and strong, and you, you know whatever. That's how I have, as a female, um, to be, I've never been able to do the other. The way I was raised you had to grow up to be tough and strong in life." (164-165a) T had great difficulty yielding this tough, strong persona even when her growing depression rendered her increasingly weak and confused, "it's really hard for me to let go and not come into that image, and then to actually say I need help is just so hard" (166, 167). T noted that as long as another person is present, she is able to perform (234). Alone however, she found herself curled over, "with my face in the carpet" (VA30), tired, weak and confused.

With familiarity born of experience, T recognized that something was brewing for her at work. "You can feel it building, but I wasn't aware of how much it had built...and how much it had affected me." (63,64) This increasing pressure and, "a desperation when you get to that point" (62) led T to call Citizens' Counselling Centre. Already

under her doctor's care and on anti-depressants, T was also about to start with a psychiatrist for whom she had already been waiting. Having seen this psychiatrist before, T did not have a good feeling about him, "I had seen him once before for a couple of visits and I wasn't impressed" (123) and placed herself on the Citizens' list as well. While T's doctor provided the Citizens' number and information about the wait list, she also urged professional service. Thus, T began with the psychiatrist while waiting for service at CCC.

Calling for Counselling: Doing Something

T's desperation fueled a need to do something. "I just felt kind of backed up against the wall, and I had to do something" (78). With her strong ego, T found asking for help humiliating. "To need counselling is to be admitting you're weak or something. And its just so very difficult. It's very hard on me." (211, 212) Compounding T's frustration was the fact that lack of funds limited her therapy options. "Cost was a big factor for me too because one of the reasons I went to the psychiatrist was that I have a cost factor." (53) T made the call to CCC and requested an intake interview which was scheduled for Wednesday of the following week. To her shock, T found she could not get out of bed to go to work on the Monday of that

week. "It was such a stunning thing for me to suddenly be off work because I hadn't anticipated it." (28) When T attended the intake she believed she would have returned to work by the time the counselling came available, "thinking well, I'll be back at work in a couple of weeks, you know." (29) As it developed, T was still off work 9 weeks later.

The Intake Interview

T found the intake interviewer to be "Sweet. I really have to say that word, because the young woman who was doing it was so cute. She was so nervous." (89, 89a) Having worked as a crisis counsellor in the past, T assessed her interviewer as being new to the task, "and I thought well, that's good, you know, and I thought she's here trying to do this thing, and she's learning to do this thing for me, you know, so let's be a good person with the information." (92) T then did not feel met or supported by the Intake session. "It wasn't as if you felt, um, there wasn't a lack of support, but there wasn't any particular warmth or anything. I mean she was just doing this task." (114) Instead T was aware of the nervousness of the interviewer and of her own distress. "I always feel a bit tense in these kind of situations though because it's very hard on my ego to... to ask for help at all." (94) Despite the lack of connection with the interviewer, T said, "It didn't seem as important

at the time either. I wasn't particularly emotional or anything about it." (116, 117)

The Wait Period: Dwelling in No Man's Land

And that's part of that, the benefit of the waiting, that you have the opportunity to go down there and start feeling this stuff, and coming to some awareness that the other side of the coin was the struggle everyday to keep yourself on the wait list. Um, being off work, and in this no man's land of waiting, um, your stuff starts to come up and you become more aware of what was going on for you. (219-220)

Doing something.

While stopped by both her depression and her waiting for counselling, T continued to feel the desire to Do something to resolve her situation, "What are you supposed to be doing while you're waiting? I've still got this problem. What do I do with it?" (14) It was this desire which propelled T to the psychiatrist despite her misgivings. It was also the impetus for participating in these research interviews, "Knowing that you were doing this kind of thing helped keep me going. Because it was something, 'Oh good, well, I'm doing something', you know." (259-260)

During the waiting period for Citizens' Counselling Centre, T saw her psychiatrist for 6 sessions. While one would think this would provide support through the wait period, T reported, "honest to God, I believe I got nothing out of these sessions except fury." (147) T found herself unable to connect with her psychiatrist; she felt small and wrong, "it made me really dislike myself" (138), "I'd just feel terrible every time I left there." (140) Once, the psychiatrist advised T, "I think if you were to change your attitude, I think it would be a lot better" (145) provoking increased fury from T, "well, 'don't tell me that!', you know. I said you...Hell! I said, 'I'm not a victim here, you're not going to get away with this stuff with me!', you know." (145) T felt she had to battle with her psychiatrist, "we would just have wars, like there was a lot of me giving him hell." (146) While she battled her psychiatrist during their sessions, at home T was becoming increasingly depressed, "I suppose it brought home how bad I feel about myself and my image" (148); "This has been hard on my self esteem, this whole thing. I feel like I'm a bad villain." (153) One session, "this depression just hit, so I just got up and left." (151) T then canceled further sessions.

Other than her contact with her psychiatrist, T had little to distract her from her internal distress. She

noted that even work, as aggravating as it was, would have provided respite from having to face herself daily (201). "The waiting for, you know, every day, I'm at home. If I were at work, I'd have all the distraction of all the aggravation at work and I'd make it" (205). T's friends could not support her as they were dealing with similar issues. "With nobody really to turn to but your friends, and then they're all depressed because they're from the same workplace." (196)

Negative self talk provoked anxiety and depression.

Worrisome and depressive self questioning typified T's experience in between the psychiatric sessions. "In the time when you're not with the forty five minutes with this guy you were thinking about what it's going to be like at Citizens', and when I sat down with her [the CCC counsellor] I was just worried then more than ever that I wasn't going to be okay just being who I am" (157, 158). T feared not having herself or her feelings accepted. "I don't want to be seen as a villain, but it would be nice to be able to let my feelings out." (179)

T's anxiety about her counsellor peaked with their first phone contact. "She sounded like she was about 20! And I thought, 'oh my God! I don't think I can do this with a person that's 20!" (104) T did not believe a young person would have sufficient life experience to draw on in working

with her (109). As a client T described herself as difficult, "I'm not saying I'm easy, you know" (170), and stated she tests therapists (173). "Sometimes you throw up a trap, just to see how they react." (174) T's testing is born of a fear of judgment and rejection, "I don't want to suddenly find out four or five sessions down the road that this person thinks I'm a crud bag or something." (175) T is aware that it takes her a long time to become secure with a person (172). During their first phone contact T advised her counsellor that T would be testing her and T asked, "do you think you're ready to go a couple of rounds?" (172) Happily T found, "at least she didn't react to some of my cynicism." (173) On meeting the counsellor, T was relieved to find her close to T's age (106).

In addition to wondering if she could be herself at Citizens', T also questioned her own ability to face her issues: "just doubt. There's all kind of things that come up with this, doubt, worry, and can I do it even, you know, like would I actually, am I going to be able to, to let this out or is this going to be such a big issue for me that I can't get passed this ego thing." (213) T fretted about what would happen if CCC didn't work out, "Maybe there's help there, maybe not, and if there isn't...then what, I have to wait somewhere else?" (48, 49) At times T found herself feeling humiliated, believing that she had to wait because,

"it's just not important enough to get in there" (197) and that, "you're obviously not that valuable." (199)

These negative thoughts were countered with reasoning; finding an alternate meaning to the waiting. T considered that her limited hours of availability at the time of her service request narrowed her counsellor options (86). She wondered if CCC might be short of funds (264). Sometimes, T soothed herself, "knowing that other people are out there and they're in a lot worse shape, and it's just normal that you have to wait." (202) T summed this aspect of her experience as, "a lot of questions go through when you're waiting, and you kind of just have to dispel them." (214)

Duality of Existence.

When not battling her psychiatrist T found herself at home, bent over, with her face to the floor, waiting. This introspective position, "in this scary situation, it's just something I've learned over the years." (VA56) T noted, "one thing about depression, it brings you down to earth. You can be sailing off all kinds of places, but depression, You're grounded!" (VA76) T would often wake in the night and would walk about her apartment without turning on the lights. "There's a kind of peace in the darkness. You get down on the floor, and it's so quiet. There's not much distraction 'cause it's so dark. Or you can get up and walk around with your eyes closed..which is interesting. It kind

of gives you a different perspective." (VA77) T's history with depression allowed her to realize, "sometimes depression's important just to stop you. Maybe you need some time. Sometimes that's what it's telling you. You're pushing too far and you've got to stop. Biggest problem for me is I refuse to stop." (VA79, VA80) While T acknowledged depression is sometimes helpful, even protective (228), it can also feel like a prison (VA86).

Daily T was confronted with these two parts of herself. One part was T's ego: "just furious with me for being so weak and suddenly out of the work force, and embarrassed to death! I have to live with it everyday and it is not happy!" (VA37) The other part was her depressed self. "I guess some people call that the inner child or whatever. That thing. I don't want to call it anything quite so romantic as the inner child. You know, the orange blob sounds better to me." (229) Daily the ego would propound arguments why T ought to take herself off the wait list while the blob hung on. "And many times in a day, you know, one part will say, like the ego will say, well I think we're doing okay, we don't really need it...You're probably never going to get in...And the other side's going, 'well, we don't know that. Give it a chance'." (207) T likened this daily struggle to staying on a diet, accomplished, persevered with, one day at a time (204). T's emotions would swing

from frustrated and humiliated to depressed and sad. "You go through all these fluctuating emotions." (206)

Hope and the search for meaning.

Sometimes T would be hopeful. "You always have hope that it's coming. It's still some distance but it's there." (VA2) Mostly T felt, "I would just like to get to wherever it is I'm supposed to be. This wants me to go someplace. I would just like to do it." (VA94) T realized that the depression might lead her to a shift. "I want to have a better life." (224) T's hope existed alongside her anxiety about the future and the frustration of waiting, "held in the tension of waiting and knowing...and yet, there's hope that answers are to be found, along with the frustration of 'Soon! Please, Soon!'" (VA95)

Having a long standing interest in astrology, "the chart has been a real good friend to me" (246), T cast her chart (227). The chart: revealed the issues T was dealing with; promised the time was auspicious for this work; and that, "I'm probably going to need some good people to do it." (245) The chart showed that internally T was facing, "things like fear, and terror and shame." (232) On the surface there was, "the things it looks like in the outer world. You know, intelligence... all these things that people see, but they don't have any idea how much fear I carry with

me every day, and how ashamed I am." (239) With the help of her chart, T realized that it was time to deal with old issues, "to clear up some of this stuff that's been holding me back for such a long time." (225)

In the end, T came to two insights. The first was, "I came up with survival equals performance. And I thought, "Yeah. I can perform like nobody's business. I can perform under the worst circumstances...because I'm so trained to do it." (233-235) Unfortunately for T, "you'll never get this fully honest person, because I'm always performing...otherwise I don't survive." (237) The second insight accompanied T's shamed internal experience, "It's constant. I never seem to do well enough. So I even wrote that in there, you know. I never do well enough." (242)

Meaning of the Wait: Time to Settle Into Issues and Arrive at Awareness

T's questioning nature included seeking meaning both of her depression and the waiting experience, "I mean, why am I waiting? I'm available. What are we doing here?" (121) By the time of the research interviews T had already arrived at some answers. As frustrating and humiliating as T found the waiting period, T said, "I guess I can say there's good and bad to it." (36) The time, "kind of deepened the experience" (38) allowing T to, "have the opportunity to go

down there and start feeling this stuff." (219) T came to realize the depth of her emotional distress, "and how much it was really troubling me, and how, well, how hurt I was by it, and how humiliating it was...I wasn't consciously aware of it at the time. All I knew was, it just felt like a whole lot of pressure." (65, 66)

The time also allowed T to realize the benefits of depression as exemplified by her "orange blob". As she bent to earth 'neath the arc of depression, T found her alone time to be filled with warmth (VA55), self nurturing (VA59) and even humour. "There's self nurturing and being connected to my humour. Living is a joke! The fact that I'm in this situation...there's a part of me that thinks it's the most hilarious thing! 'How did you do this?'. 'I don't know'." (VA59) The introspection allowed T self connection and self definition. Further, T came to realize the protective function of her depression, "there's a little part on the inside. There's that depression around it... that's been a protection for me too." (228)

T also became aware of her layers of containment. One layer is that of the waiting and the depression. "This is being contained in waiting, and this is the pressure of waiting, and the depression that comes with it. You can't sort of get out of it. It's there" (VA1), describing her image). Another level of containment is that of self. T

noticed that when she wrapped her arms around her legs in her introspective position, she both contained and helped define herself. "You contain yourself in a shape. Hold yourself together because you're all you've got." (VA21) This self connection was in contrast to, "the space around is the unknowing - the depression, the wait - that's not compressed. When you're not depressed, you're just nothing. So, this is not connecting." (VA72) Finally, T realized an outer layer of containment, against the outside world. This is shown in her drawing by the walls of her building. "There's the container of home. Sometimes it's good to be there, and sometimes it's like a prison." (VA86) The building also illustrated T's internal barriers to the outside world. "My own containment and worry that if something comes up, can I handle it? So, I put up my own barriers too." (VA88) T summarized, "there's lots of unknowns and restrictions around the process, and my own and other peoples." (VA91)

Would the Option of a Shorter Wait With Fewer Sessions be Chosen?

"Well, I guess I'd go for longer sessions, I guess", (250) says T, "because I don't think you can accomplish much in six sessions." (251) T notes that how much could be accomplished in a short time would also vary with the

counsellor's ability in, "helping you get the stuff out" (252) and the client's relationship with the therapist. "I know I'm difficult." (253)

Other variables which T considered were the client's expectations of the counselling and the accessibility of their issues. "Your expectation around the stuff that you're wanting to work out. You know, it might not be there right quick." (255) T viewed the nature of clients' relationships to themselves as a factor. "One to the biggest problems I have is detachment. I detach really well. And I think after awhile you get so good at it that you're so detached you can't reattach yourself either." (256) T requires a therapist who can assist her in finding and reattaching her emotions related to events, something she views as requiring time (257). Being comfortable with her counsellor and the counsellor's ability to help her reattach herself are more valued by T than whether they possess a degree (265). Finally, T noted that if the sessions were two hours long, then six sessions might be sufficient (258).

Chapter Five: Results
Analysis of
The Experience of Waiting for Counselling

This analysis adopted the definition of waiting offered by Taylor (1994), "the time from which an individual is ready to receive service until the time the service commences. It also refers to the state of readiness felt by that customer during the wait" (P.57). The initial phone call for counselling service has been used to signify the time from which the individual was ready to receive service while the research is designed to explore, "the state of readiness" or the lived experience of waiting.

As this thesis was written the researcher struggled with individual factors impacting the waiting experience. Were they part of the structure or not? After a telephoned consultation with Dr. John Osborne I was reassured that individual variables could be an essential component of a phenomenon's structure and continued writing. Still it felt wrong to keep these factors as part of the structure of the waiting experience. It felt equally wrong to dispense with them. The Aha! occurred as I edited my method chapter. Individual elements affected the quality of the waiting experience. Thus, my difficulty. To be true to phenomenological research, I ought focus on structure. To

be true to the qualitative approach per se, a thick description of the experience was required. This dilemma was resolved by keeping both, each in their own section. The ensuing discussion will first address the structure of the waiting experience. This will be followed by a description of the subjective elements which affect the quality of the lived experience.

The description of the lived experience of waiting which follows is, of necessity, written in a linear and sequential fashion. It is important for the reader to remain aware of the holistic nature of the experience. Consider the difficulty of comprehending the totality of a tapestry via a sequential description of its threads. Each element of the waiting experience is pulled out as a thread from a tapestry, to be considered for its own contribution to the whole. While each thread of a tapestry is a necessary component, in reality they combine and interweave to form a seamless whole. A thread in a tapestry does not appear once, nor does it act alone. So it is with the description of waiting for counselling. For example, the element of hope is pulled out as a key ingredient in the process. Yet hope existed before the participant called, or they would not have done so. Hope continued to assist the co-researcher throughout the waiting and it interacted with other elements such as life events. Similarly, the context

of a person's life, within which the waiting occurs, does not appear once and then go away.

This caveat given, the description begins with an outline of the structure of the experience of waiting for counselling.

Table 1

Pooled Themes of the Structure of the Experience of Waiting for Counselling

Thematic Cluster of Pooled Themes	Pooled Themes	Examples
	Between Persons	
A) Initiating Change: Taking Action Toward a Better Life	Calling for counselling is an act of self empowerment	That phone call was like taking a step (S)
	Hope is allowed affirmed and reinforced Change is Ongoing	My problems hadn't gone away but there was hope down the road (B) I had taken a step and having taken step, I took other steps (S)

B) The Intake Interview: Sign of the Process	The Intake is significant	I was in, you know (R) It was the right thing. It was the right thing <u>for me</u> (S)
C) No Man's Land	Coping with cognition and behaviour	I'd be in my books and look forward to counselling (R) There is going to be this progress, this flowing through of things, and yet there is always going to be those obstacles and stumbling blocks...I needed to realize that at the time (B)
	Dichotomy and fluctuating emotions	I look at a real dichotomy between moving through and fear (B) "...between high and low emotions. I could go from being down there to up here and then again something little would happen and I'd be down there again (S)
	Anxiety about	You <u>hope</u> it will help but

the future
counselling

you don't know. Once I get
to it and it doesn't work
out, then that's really
devastating and then where
do you go? (T)

The Structure of the Experience of Waiting for Counselling

The structure of the waiting experience as illuminated by these participants was a process in 3 movements: a) initiating change, taking action toward a better life; b) the intake interview, sign of the process; and c) no man's land.

A list of the meaning units which have been grouped under each sub heading will be found at the end of this chapter. Meaning units which derive from the visualization and art interview are presaged with VA. Meaning units arising from the participant's story are presaged with an S. The reader will find the bulk of the meaning units are recounted with a simple number which indicates they arose from the second data collecting session, the interview.

A) Initiating Change: Taking Action Toward a Better Life

Calling for Counselling is an Act of Self Empowerment

For all the co-researchers, calling for counselling was Doing Something about their issues. As such it was an act of self empowerment, "And then I, on my own, I reached out and asked" (S, 64). Doing something about their problem was in contrast to previous behaviour, "before I had..I don't know, I just wasn't doing anything with my life" (S, 27)

Referring to calling for counselling, R noted, "If there is any regret it's that I didn't phone sooner". Calling for counselling allowed R to believe she would be able to deal with her problems, "If I would just be patient it would be forthcoming at the right time when I needed it" (R, 27). For B the very act of calling for counselling was to face her issues (B, 27) and break her pattern of avoidance and denial (B, 33). Calling for counselling began the process of counselling, whether by: immersion in one's issues (B, 26); as an act of investment in life, "that phone call was like taking a step" (S, 68); or by concretizing the decision to do something about one's problems (R, T), "I got to try something and this is the thing I'm going to try" (T, 83), "and so well, take up the phone and see what they say" (T, 68). For B, positive reception by the intake worker affirmed her process and allowed a sense of rightness about taking the step, "and it was just a really freeing experience" (B, 31, 32).

Hope is Allowed, Affirmed and Reinforced

Hope. With the act of calling for counselling, the co-researcher had taken action on their hope for a better life. With this action, each had something to look forward to, to anticipate. With one action hope was both enacted and sustained. The appearance of hope was not linear, but is

better characterized as a re-spiralling. Hope for a better life generated the call for counselling. Calling for counselling afforded hope for a better future. Hope for a better future was used in the present to help participants cope.

As the participants entered the waiting period, their problems remained, but now they had hope, something concrete to anticipate: "I looked forward to it" (B, 57); "my problems hadn't gone away, but there was hope down the road" (S, 43); "When I would feel stressed out or whatever, I just knew that there was a light at the end of the tunnel" (R, 2); "You always have hope that it's coming...it's still some distance but it's there." (T, VA2) T also said, "I just hope I get some answers." (T, VA93)

Hope for the future and expectancies for the counselling were greatly intertwined. Largely, counselling held hope for a better, happier life. S describes herself as, "I was also feeling like hopeful. I guess, like a new life is coming." (S, 11) R found herself on the verge of a happy life and, based on her previous experience of counselling, believed counselling could help her achieve it (R, 42, 43). Calling for counselling provided B a focus for her essential hopefulness (B, VA31). As well, in times of insecurity B looked forward to finding more comfort with herself through counselling (VA21). During her first

waiting period B had great hopes that her counselling would lead her to break family patterns and allow her to be "fixed for life." (B, 100) During her second wait at CCC B modified this hope (B, 101), but nonetheless hoped for companionship and witness in facing her issues (B, 150). While T wasn't sure what counselling would offer, she knew it sometimes helped (T, 82). T thought that, "hopefully when I got into it, things would, you know, sort out so I'd know more so I could deal with it." (T, 77) Knowing she detaches easily, T also hoped a counsellor would enable her to reattach herself (T, 266).

Self Empowerment Enacted: Change is Ongoing

Life was not static through waiting; change occurred. The participants and their relationship with their problems continued to evolve over the wait period. This evolution took various forms: a settling into issues which deepened the experience of them (T); a dawning awareness (B, R, T); or the continuance of proactive self empowerment (B, S, R, T). The latter was clearly articulated by S when she said, "I had taken a step and having taken that step, I took other steps." (S, 69) Calling for counselling signalled to B that she was going to face her issues and she noted that she dealt with her issues differently while waiting. B did not fall into her former pattern of depression and wallowing (B,

49, 50), but rather, "I remember taking more personal responsibility." (B, 84) In dealing with a primary source of conflict in her life, R was self empowering and facilitated her own awareness. When R broke up with her abusive fiancée (R, 96), her issue changed from keeping her step family together (VA4) to looking at the relationship between herself and her daughter, "something that ultimately is probably more important." (R, 100) With this development R found, "everything was clearer...my life was so much simpler." (R, 105, 106)

In calling for counselling T was also self empowering, in that she took action on her desire to do something about her problem (T, 83). While waiting and depression frustrated T's accomplishment of getting whatever she was supposed to get (VA94), T's issues evolved nevertheless. Over time T, "settled more into how I feel about the whole thing" (T, 16) and came to realize how far from her feelings she really was, "You can feel it building, but I wasn't aware of how much it had built." (63) T's awareness grew as, in her "orange blob" place of depression (T, 229), she faced her frustrated, embarrassed, humiliated ego daily (VA37). T came to know the difference between her strong, intelligent external presentation in the world and her internal experience of fear and shame (T, 232, 239).

B) Sign of the Process: The Intake Interview

The intake interview was a significant event in the waiting for counselling process. It acted as a sign that participants were "In" at the agency, and as a marker in the waiting process. For some it was a supportive and affirming experience, affording healing and connection. The importance of the intake interview was not diminished by perceived lack of support by the intake interviewer.

For all participants the intake interview was significant as a marker of the waiting and counselling process. For R and T the intake interview concretized the fact that they were engaged with the counselling agency, "that I was in, you know." (R, 52) For R and T the intake interview also denoted they were one step further along in the process of the agency, and thus one step closer to counselling, "It was just another step along the way...one step closer to getting the counselling." (T, 118)

Some co-researchers felt supported by the intake interview as it allowed them a space to vent. In this way it signified the rightness of entering counselling (R, B & S). "It was a really good venting session for me." (R, 57) Venting allowed some co-researchers to leave the intake interview feeling both lighter and happier (B, 15, 16, 25; R, 65). Being well received signified the rightness of

counselling for R and S, "It was the right thing. It was right for me." (S, 33)

Even when reception by the intake interviewer was not all it could be (B & T) this did not diminish the co-researcher's hopes for counselling nor their perception of the agency. B did not feel well received or supported by her intake interviewer (B, VA4) yet nevertheless accomplished her aim of breaking her silence, speaking and facing her issues (B, VA5). While the intake interview was, "not a good feeling because I didn't feel well received" (B, VA4), B was able to use the validation of friends, the commendable reputation of the agency, and the positive experience of her initial phone call to maintain her positive expectations for the counselling (B, 161).

T's experience as a crises worker (T, 91) allowed compassion for her apparently new and nervous intake interviewer, "She was so sweet, you know, and she's just so shaky." (T, 92). As with B, T did not extrapolate the experience with her interviewer to the agency as a whole .

C) Dwelling in Waiting: "No Man's Land"

And that's part of that, the benefit of the waiting, that you have the opportunity to go down there and start feeling this stuff, and coming to some awareness that the other side of the coin was the struggle everyday to keep yourself on

the wait list. Um, being off work, and in this no man's land of waiting, um, your stuff starts to come up and you become (T)

After the intake interview, the participants had no further markers in the waiting process. While CCC attempts to maintain contact with clients on their waiting list, only one of the co-researchers referred to such a call. When contacted for an update, T feared the centre was trying to weed her out (T, 188). Referring to the struggle to keep herself on the wait list T spoke of being in, "this no man's land of waiting" (220). B concurred with the usefulness of the term saying, "It fits, because I had voiced my concerns at the intake interview and then,...not having anywhere to go with it". While landmarks were unclear in no man's land, certain elements were common. Within this space of time, life went on. The participants employed cognitive and behavioural coping to deal with their issues. A duality of experience was felt as participants continued in life while wrestling with their issues. Emotions fluctuated along with life events and internal struggle. Having called for counselling, the co-researchers now had hope. Yet, even while they hoped, there existed anxiety about the unknown counsellor and the future counselling.

Coping With Cognition and Behaviour

Cognitive and behavioural coping strategies were often employed simultaneously by the co-researcher's. "That's been my coping mechanism. Stay back. Don't get involved. Stuff your emotions. Keep busy. Get on with life" (B, VA2). When R found herself stressed, she read self help books and anticipated counselling. S noted, "I pushed my problems away and kept busy" (10). T cast her astrological chart and arrived at new meaning and awareness of her situation (T, 230, 233, 239, 242). Because of the intermingling of cognitive and behavioural coping it is somewhat artificial to separate them. However, participants did employ cognition separate from behaviour and availed themselves of a great variety of cognitive assistance. For this reason, meaning units related to cognition are distinguished for complete inspection.

Behavioural coping.

Keeping busy was a popular behavioural strategy employed by 3 co-researchers (B, R, S) who used work and school as outlets, "I was busy at school." (B, 47) Being off work, T pined for the lack of distraction of work "If I were at work, I'd have had all the distraction of all the aggravation at work and I'd make it." (T, 205) Nevertheless, the desire to "do something" (T, 56) about her issues prompted T to attend sessions with a psychiatrist (T,

122-151) and to participate in these research interviews (T, 259-262). Doing something for T also included casting her astrological chart. R read self help books on parenting and on anger, "trying to help myself because the counselling wasn't happening yet." (R, 72, 73)

Cognitive Coping.

Participants used cognition frequently and in numerous ways to assist themselves through the waiting period. Hope resurfaced as anticipation and expectation for the future counselling, "I'd be in my books and look forward to counselling." (R, 91) In no man's land T found herself, "being held in the tension of waiting. Knowing...and yet there's hope that answers are to be found, along with the frustration of Soon! Please Soon!" (VA95) Participants also: used self distraction or refocusing, (B, 55; S, 37a); decided to concentrate on present moment (B, 58); drew on past experience (R, 42); employed affirming beliefs (R, 30); contained their issue and emotions (B, 144; S, 10); took perspective (R, 74S); countered negative self talk with rationale or anticipation (B, VA21, 17, 57; R, ; S, 19, 52-54; T, 198, 214) and employed meaning making.

Meaning making employed.

In addition to the above, participants sought to make meaning of the waiting, "I mean, why am I waiting? I'm available. What are we doing here?" (T, 121) and, "what

meaning does it have for me right now in my life - the waiting period?" (B, 145)

In ascribing meaning, participants found the waiting experience to have had both helpful and unhelpful aspects. All co-researchers would have preferred immediate assistance to waiting. S had been advised of an 8 week wait. While S evinced surprise at the wait period (S, 51) she quickly adjusted to the idea (S, 52). Regardless of her adjustment, S noted that her issues were more difficult to access once her counsellor was assigned, "because I push everything down and I had to bring it all back up again" (S, 55). R reported she was prepared for the wait through her friend's information and had no emotional reaction to hearing of it (R, 44-46). During the first, turbulent 5 weeks R often felt overwhelmed, "I need help! I need help!" (R, VA7) and wished she had the assistance of counselling. At the same time, the optimistic R counted herself lucky to not have to wait 10 or 12 weeks (R, 167). B also expected a wait and had no emotional reaction to hearing of it. Nevertheless, B found having to speak her issues and then contain them counter productive, "Once the process is started it's good to keep going with it, rather than having it interrupted by the wait" (B, 160). T used the words frustrating [13 times] and humiliating [8 times] to describe her waiting time, "What are you supposed to be doing while you're waiting?"

I've still got this problem, what do I do with it? And also, how does the waiting help?" (T, 14-16).

Despite these negative reactions, all participants found benefits to waiting, "I guess I can say there's good and bad to it" (T, 36). T noted she had the time to settle into her feelings and depression (T, 16) and the time to develop familiarity with her "orange blob" and what it offered (229, VA55-VA59). "In this no man's land of waiting, um, your stuff starts to come up and you become more aware of what was going on for you" (T, 220). T also became aware of her own layers of containment: containing and defining herself in a shape against the nothingness of depression (VA72); and how she erects barriers against the world (VA88).

B felt she needed time to realize, "There is going to be this progress, this flowing through of things, and yet there is always going to be those obstacles and stumbling blocks" (B, 117) and, "I needed to realize that at the time" (118a). S said she had many new happenings in her life and, "it gave me time to get on with other things" (S, 62). As well, waiting afforded S the time to reach out and do something for herself about her loneliness (S, 63, 64). R believed that her issue evolved for the better (R, 100), and that she could not have rebuilt her relationship with her

daughter so long as her fiancée remained on the scene (R, 20, 21).

As well as finding meaning in the waiting as it pertained to their personal process, R and T engaged in meaning making at a practical level. R assessed that she waited for 8 weeks due to the demand for the Centre's services and their desire to ensure a solid counsellor match for her, "For those 8 weeks I figured they were making sure I had the right person, and thinking that it's in great demand" (R, 165, 166). T dispelled her negative self talk about being unimportant (T, 197) and not valuable (T, 199) by seeking alternative meanings for her waiting. T reasoned that: the client's hours of availability impacted the matching process (T, 86); the centre must be short of funds (T, 264); and other people must be in worse shape than herself (T, 198, 202).

Duality of Experience and Fluctuating Emotions

Duality of experience.

Co-researchers all described a duality, dichotomy or polarity in their existence during the waiting period. For S this was composed of a foreground busyness while, "in the background was this pressure." (S, 9) R found herself in a dual existence of happy at work, unhappy at home (R, 150). R's experience also included a polarity of possibilities, as

can be seen in her description of herself as a "Woman on the Verge" of chaos or happiness (R, 147). B used the word dichotomy to describe her experience, "I look at a real dichotomy of moving through and fear." (B, 113) Duality of B's experience is also revealed in the image and story she produced. The title, *Rainbow*, is both the struggling protagonist, and the rainbow of hope itself, "it has a double identity." (B, 112)

For T there was a dichotomy between her strong, tough external presentation in the world [exemplified by her battles with her psychiatrist (T, 129-138)], and her actions at home [curling over with her face to the floor, (VA20, VA21)]. These actions reflected the polarity within herself: her battling ego (VA37), and the "orange blob" of her depressed self (T, 229).

Fluctuating Emotions.

The duality of experience was echoed in the emotional realm. S found she had mood swings triggered by external events, "between high and low emotions. I could go from being down there to up here and then again something little would happen and I'd be down there again" (S, 45). R describes her life as an "emotional roller coaster" (R, 78) including anger, frustration, desperation, happiness and hope. T describes a time of, "fluctuating emotions" (T, 206) as she moved between the poles of her internal

experience and, "coming into contact with the fact that things have been bothering me more than I realized." (T, 218)

During her first wait period, B felt much anxiety and fear before the intake interview (B, 96) but settled into the normalcy of her routine when she again contained her issue (B, 144). Vacillating between hope and fear was common to B's experience (VA32). Anxiety would arise prompted by external events, as when she started her practicum (VA19), or if she thought about counselling. Of her current wait experience B noted both serenity and fear (B, 132).

Anxiety About the Future Counselling.

Anxiety co-existing with hope was another manifestation of the duality in no man's land. "You hope it will help but you don't know. Once I get to it and it doesn't work out, then that's really devastating and then where do you go? You're kind of more desperate." (T, VA26) Anxiety about the ability to confront one's issues was also present, "Am I going to be able to let this out or is this going to be such a big issue for me that I can't get passed this ego thing?" (T, 213) B felt anxiety approaching the intake interview and periodic anxiety throughout the waiting period, "There was anxiety about dealing with things. Anxiety about my

counsellor." (B, 102, 103) R worried she would not have enough time to complete 12 sessions (VA60) and if she would "gel" with her assigned counsellor (R, VA49). Knowing she takes time to warm to people and establish relationship (S, 72, 73), S wondered, "what the counselling might be like... like if it would help." (47a)

Anxiety was also revealed in co-researchers' descriptions of their reaction to their assigned counsellor's call. "'Oh my god!' At the time. I knew I had to go deeper and I knew that was scary too", said B (40, 41) who went on to query her counsellor's personal experience of counselling (B, 44) as a way of reassuring herself, "that was enough to make me feel really safe and ready and willing to work." (B, 46) Similarity of experience also mattered to R and T. As noted, R felt she "really scored when I got this person who's been through the same experiences as me." (R, 161) The 49 year old T was initially worried at her counsellor's call, "She sounded like she was about 20! And I thought, "oh my God! I don't know if I can do this with a person that's 20!" (T, 104) T feared a young person would not have sufficient life experience to draw on in working with her (T, 109), and was relieved when the counsellor actually appeared to be her own age (T, 106)

The Subjective Quality of the Experience of Waiting for Counselling

The 3 movements as outlined, initiating change, the intake interview and no man's land, describe the structure of the lived experience of waiting for counselling. The quality of this experience was subjective, being affected by both internal and external factors. There was an individual living the waiting experience, both perceiving it and projecting upon it. The quality of the waiting experience was influenced by the nature of the person and the problem, the individual's history with the problem, and the larger context of the participants' lives.

Table 2

Pooled Themes of the Subjective Quality of the Experience of Waiting for Counselling

Thematic Cluster of Pooled Themes	Pooled Themes Between Persons	Examples
The nature of the	nature of the person	I thought, "well, you are impatient, you know" (T)

person and
the problem

nature and history of the problem Over the years I've realized that sometimes depression's important just to stop you" (T)

The context of the wait: life events impact lived experience Life events impact experience It seems that after I called, then it was Christmas, and Christmas is always nice and then I thought I knew I was going to start school soon and I got a new job (S)

So I guess the things I was doing and the happenings in my life sort of kept me away from thinking about the counselling (B)

Waiting is Subjectively Experienced

The Nature of the Person and the Problem

Nature of the person.

B's self description reveals an anxious and hopeful person traveling the path of life (109, S3, S4). The elements of hope and anxiety are threaded through B's waiting experience. At the time of calling for counselling and before the intake interview, B felt anxious, "There was anxiety. During that week, anxiety and fear and apprehension." (B, 96) After the intake interview, B contained her issue and concentrated on daily life (B56). When B thought of the counselling, it was generally in hopeful terms (B, 57). For example, when B started a practicum, her anxieties arose. At this point, "I started thinking about the counselling and thinking I want to be more comfortable with myself." (B, VA21) B's waiting period reveals both her anxieties and her hopes.

T described herself as an impatient person (T, 183) with a strong ego which was, "embarrassed to death" (T, VA37) by her weaker self. The battling side of T's ego is evidenced by her many fighting metaphors, "ready to go a couple of rounds?" (T, 172) Externally, T, "had wars" with her psychiatrist (T, 146). Humiliation was also a large part of T's waiting experience as her strong ego was forced

to face her weaker self and ask for help (T, 209).

Impatient to get wherever her depression wanted her to go, T experienced a great deal of frustration during her waiting. "Like you just want to get going and you can't. You're at a stop light. The car ran out of gas or something and you're stuck there!" (T, VA9) Thus impatient, embattled T felt a frustrating and humiliating wait.

R described herself as essentially optimistic, but with a perfectionist, controlling nature (R, 137). R's wait period was filled with thoughts and feelings of being out of control (R, VA7, VA8). R countered these with sustaining beliefs and an optimistic view. "I lead a charmed life, even with D." (R, VA83) R's wait period revealed both her optimism and control issues.

S did not describe herself. However, she made many I statements regarding her image. For example, "I'm about to explode" (S, 1) which suggested her identification with the girl with no face. S's uncertainty of self is also evidenced in recurrent, "I don't know" statements throughout the interview (S, 7, 24, 24a, 27, 62, 78a). This vagueness is echoed in S's waiting experience which S had difficulty recapturing. (S, 15, 47). During her wait S was aware of keeping busy while, "in the background was this pressure." (S, 9) S's waiting experience echoed the vagueness which she was experiencing in life.

Nature and history of the problem.

The nature of the participants' problems, whether clear or vague and their experience with them, also impacted the waiting.

B was clear on calling for counselling that her issues arose from being raised in the "whole scenario" around an alcoholic and his drinking (B, 69). Her issues were long-standing and she had done extensive work with them five years previously. This allowed B to know, and follow through with, what she needed to do for herself. This meant breaking her silence and speaking her truth, regardless of reception (B, 23). Speaking her truth at the intake interview served to plunge B into the fullness of her emotional experience (B, 8). After this, B's tried and true coping strategy of containing and keeping busy allowed her to function well while waiting, with minimal anxiety. Further, B's positive experience with counselling allowed her to believe in its efficacy (B, 98), which fueled her hopes of being, "fixed for life." (B, 100) B was clear on her issue. She knew how to deal with it and, because of her previous counselling experience, she knew what she was waiting for. All of this aided B in living through her waiting time.

R was also experienced with counselling. Her past counselling allowed R to be clear on the nature of her

problem. "Whatever the issues that bring me to counselling are, the same inner things come up." (R, VA16) Her history with short term counselling led R to want to deal with the patterns underlying her need for control (R, 111). R's history with counselling also allowed her "faith and trust" (30) that it would appear at the right time (R, 43). "And when I would feel, you know, stressed out or whatever, I just knew that there was a light at the end of the tunnel." (R, 2) R's history with her problem led to clarity both on her issue and in her expectations of counselling, as well as sustaining her beliefs. All of these assisted R during her waiting period.

T's history with depression allowed her to realize the benefits offered by it, such as reconnection and protection (VA55-VA59). The supportive, introspective position she adopted in this scary place (VA35) was, "just something I've learned over the years." (VA56) Also born of T's history was the realization of depression's function in her life, "over the years I've realized that sometimes depression's important just to stop you." (VA79) Thus, while T was frustrated through her waiting, she was also able to access the knowledge of her past and what the "orange blob" had to offer.

S's lack of experience with depression contrasts with T. Experience with the problem and counselling was

precisely what the 18 year old S lacked. S's only therapy experience had been a few sessions with a psychiatrist which she hadn't liked (S, 26). S was not sure what her problem was. She only knew she wasn't engaged in her life and she constantly felt "this pressure and feeling of being trapped" (S, 10). S didn't have a starting point to her issue (S, 79). Without history of dealing with her problem or of counselling, S had nothing to draw upon while waiting. This is epitomized by the poignant, "I don't know how it's supposed to end." (S, 24a) S's step in calling for counselling amounted to a leap of faith. S wanted to do something to engage in her life and accepted her doctor's advice about counselling, but she had no more idea of what she was waiting for than she did of her nebulous problem. S endured her waiting period without the benefit of experience gained by the other participants. "The girl with no face is about to explode and she doesn't know how it's going to end." (S, S1)

The Context of the Wait: Life Events Impact Lived Experience

Waiting for counselling occurs within the context of the individual's life, "It's hard to pick out the wait thing, the counselling thing, because a number of things happened at the same time." (S, 47) Events occurring during the waiting period impact the waiting experience for good or

ill. Moreover, many life events were beyond the control of the participant, in that they involved the actions of others. The co-researcher may have had a choice of reaction, but not of event. Within the context of their lives on participant's waiting experience was affected by: interpersonal dynamics, holidays, beginning a new job or practicum, and lack of distraction and support.

Interpersonal dynamics impacting participants included the actions of family members and those within a therapeutic relationship. For B this was positive in that her parents' actions allowed her relief from her problem. B's parents went away for a time (52) and were less engaged in their typical arguments during her wait (B, 86). Family dynamics produced a negative effect on R who remained embroiled in the fighting of her step family. R's daughter and fiancée continued to battle with her and each other, compounding her sense of chaos (VA1, 78). R's fiancée, K, had, "a violent streak" (VA91) and after completing 4 sessions at the Family Violence Project he refused to pursue further counselling (VA94). All of this led to a "big blow up" (104) between R and K and their break up (96). Following the ejection of K, R had some relief from her daughter's acting out (VA6). While R's conflicts with her daughter continued, they were not as major (70).

T's waiting was compounded by a lack of what other participants had. Off work, T had no distraction (205) and was forced to face herself daily (201). Her friends, coming from the same working environment, could not support her as they were equally depressed (196). Desirous of doing something, T reached out to try psychiatric intervention (137). To T's detriment, her waiting experience was greatly impacted by the dynamics between herself and her psychiatrist. The psychiatrist's lack of acceptance (T, 145) or listening (T, 129) provoked fury from T (T, 147). T's fighting with the psychiatrist, "we would just have wars" (T, 146), was followed by shame "and when I left, I'm terrible T. I was terrible T all the time." (T, 141) The experience further injured T's self esteem (T, 140) and fed her anxiety about the counselling at CCC, "In the time you're not with this guy you were thinking about what it's going to be like at Citizens'." (T, 157)

Life events included the serendipity of holidays falling during the wait period yielding the benefit of distraction. Both B and S enjoyed the nature of their Christmas celebration (B,53; S, 16). B also appreciated her friends arriving for a visit during reading break (B,51). Acquiring new work also impacted the quality of the waiting period for good or ill. B started a practicum and did not feel accepted by her new co-workers, producing a resurgence

of anxiety (B, VA19). This led B to revisit her hopes for counselling (B, VA21). When S landed a job she had wanted (S, 37) it introduced newness and optimism in her life, "There was a lot of distraction in the moment, new starts and hope for the future." (S, 22)

Meaning Units Related to The Structure of the Experience of
Waiting for Counselling

A) Initiating Change: Taking Action Toward a Better Life

Calling for Counselling is an Act of Self Empowerment.

B: MU 26-38, 80-83, 95, 97

R: MU 22, 23, 24, 27, 38, 43, 112, 113, 118, 119

S: MU 20, 28, 29, 38, 48, 64, 65, 66, 68, 69

T: MU 22-25, 56, 61, 62, 68-72, 76, 78, 82, 83

Hope is Allowed, Affirmed and Reinforced.

B: MU VA31, VA32, 12,-14, 26-34, 57, 100, 101, 109, 112,
114, 150

R: MU 1, 2, 27, 38-43, 67, 91, 108-113, 118, 119, 155

S: MU 11,13,22,36,43,46,

T: MU VA2, VA93, VA94, VA95, 55, 61, 68, 76-78, 82, 83, 111,
207, 224, 243-245, 248, 266, 267,

Self Empowerment Enacted: Change is Ongoing.

B: MU VA16, 9-20, 48-50, 63-67, 84, 85, 88, 89, 130, 134

R: MU VA6, VA16-VA18, VA23, VA25, VA66, VA95-VA97, 10-14,
20, 21, 70, 94-108, 152-155

S: MU 12,40,43,44,48,64,69

T: MU VA37, VA94, 16- 21, 28-34, 36, 38, 63-67, 83, 177,
201, 207-220, 228-242

B) Sign of the Process: The Intake Interview

B: MU VA3-VA5, VA10, 1-12, 15-25, 93, 149, 161

R: MU 50-66

S: MU 31,32,33,40,50,63,

T: MU 17, 18, 25-27, 87-99, 112-118

C) Dwelling in Waiting: "No Man's Land"

Coping with Cognition and Behaviour

Behaviour.

B: MU 47, 51, 54, 55, 59, 76, 84, 85, 92, 140, 141

R: MU 72-75, 79-83, 87-91,

S: MU 1b,6,9,10,18,22,35,

T: MU 13, 14, 56, 70, 76, 78, 82, 83, 127-247, 259-262

Coping with cognition

B: MU VA2, VA21, 3, 17, 34, 39, 55-62, 85, 88, 89, 92, 100,
111- 115, 121, 123-125, 140, 142-144

R: MU VA35, VA36, VA73, 1, 2, 8, 9, 19, 20, 27-30, 37-49,
71-76, 80, 82-85, 86-88, 90-91, 93, 132, 133,136,
98, 109, 155, 165-167

S: MU 1a, 10, 19, 22, 36, 37, 51 ,52, 53, 54, 58

T: MU VA95, 73-75, 86, 197-199, 202, 214, 215, 230-247, 264

Meaning making employed.

B: MU VA35, S15, 12-14, 67, 112-119, 121, 123, 129-131,
133-139, 144-147 149, 150, 157-160

R: MU VA7, VA8, 5-7, 12-15, 73, 98-107, 157-161, 165, 166

S: MU 30, 51, 52, 55, 56, 57, 60, 61-65, 69, 71

T: MU VA21, VA55-VA59, VA72, VA86, VA88, VA91, 13-16, 19-21,
36, 38, 39, 65, 66, 121, 197-199, 219-225, 228 229,
43-247

Duality of Experience and Fluctuating Emotions

Duality of experience.

B: MU VA32, 111-119, 121, 123

R: MU 70, 71, 87, 88, 101, 144-150

S: MU 7-8, 9, 10, 14, 22-23, 34-35, 38-42

T: MU VA20, VA21, VA70-VA80, VA95, 207-213, 228-240,

Fluctuating emotions.

B: MU VA19, VA32, 6, 8, 24, 94-96, 127-129, 132, 144, 148,
149

R: MU S2, 68, 69, 77-79, 89-91, 147-150

S: MU 15, 44, 45, 49,

T: MU VA70-VA80, VA95, 205, 217-219, 228, 229, 232, -240

Anxiety About the Future Counselling

B: MU 40-46, 99-107, 114, 115

R: MU VA60, VA49, VA50, VA60, VA63, 4-8, 48-50, 155, 162-164

S: MU 47a, 70, 72, 73, 74, 75,

T: MU VA26, VA95, 39-42, 45-52, 100-110, 154, 158, 172,
180, 209, 213-215, 243.

Meaning Units Related to The Subjective Quality of the
Experience of Waiting for Counselling

Waiting is Subjectively Experienced

The Nature of the Person and the Problem

B: MU VA19, VA21, VA31, S1-S4, 8, 23, 49, 50, 57, 68-75,
77-83, 86, 96, 98, 99, 100, 107-109, 111, 112

R: MU VA1-VA4, VA7, VA8, VA16, VA26, VA34, VA57, VA83, VA89,
VA90, VA91, VA96, VA196, S1, 2, 25, 26, 27, 30, 32, 33,
37-43, 61, 62, 76, 78, 84-86, 99, 111-118, 121-136,
137, 155, 169. 171, 175, 176

S: MU S1, 1, 3-5, 7-10 15, 15a, 24-29a, 47, 53, 54, 62, 66,
67, 77, 78, 78a, 79

T: MU VA9, VA35,VA37, VA51-VA59, VA79, 22-24, 26-30, 37,
45-49, 56-67, 71, 76-81, 94-99, 120, 121, 129, 130,
146, 151, 164- 175, 183, 209, 253, 256-257, 268-270.

The Context of the Wait: Life Events Impact Lived Experience

B: MU VA19, 47, 48, 51-55, 59, 63, 65, 67, 86, 87, 91, 92

R: MU VA1, VA2, VA4, VA7, VA8, VA26, VA34, VA89, VA90, VA91,
VA94 12, 14, 16-21, 68-71, 76-81, 89, 94-96, 99, 104,
121-123, 129, 147-150, 152, 155

S: MU 9, 14, 16-18, 21, 22, 34a-37, 41, 44, 47

T: MU 3-7, 22, 23, 26-40,53, 119, 122-130, 136-138, 140-147,
151, 157 177, 184, 195, 196, 201, 204-206.

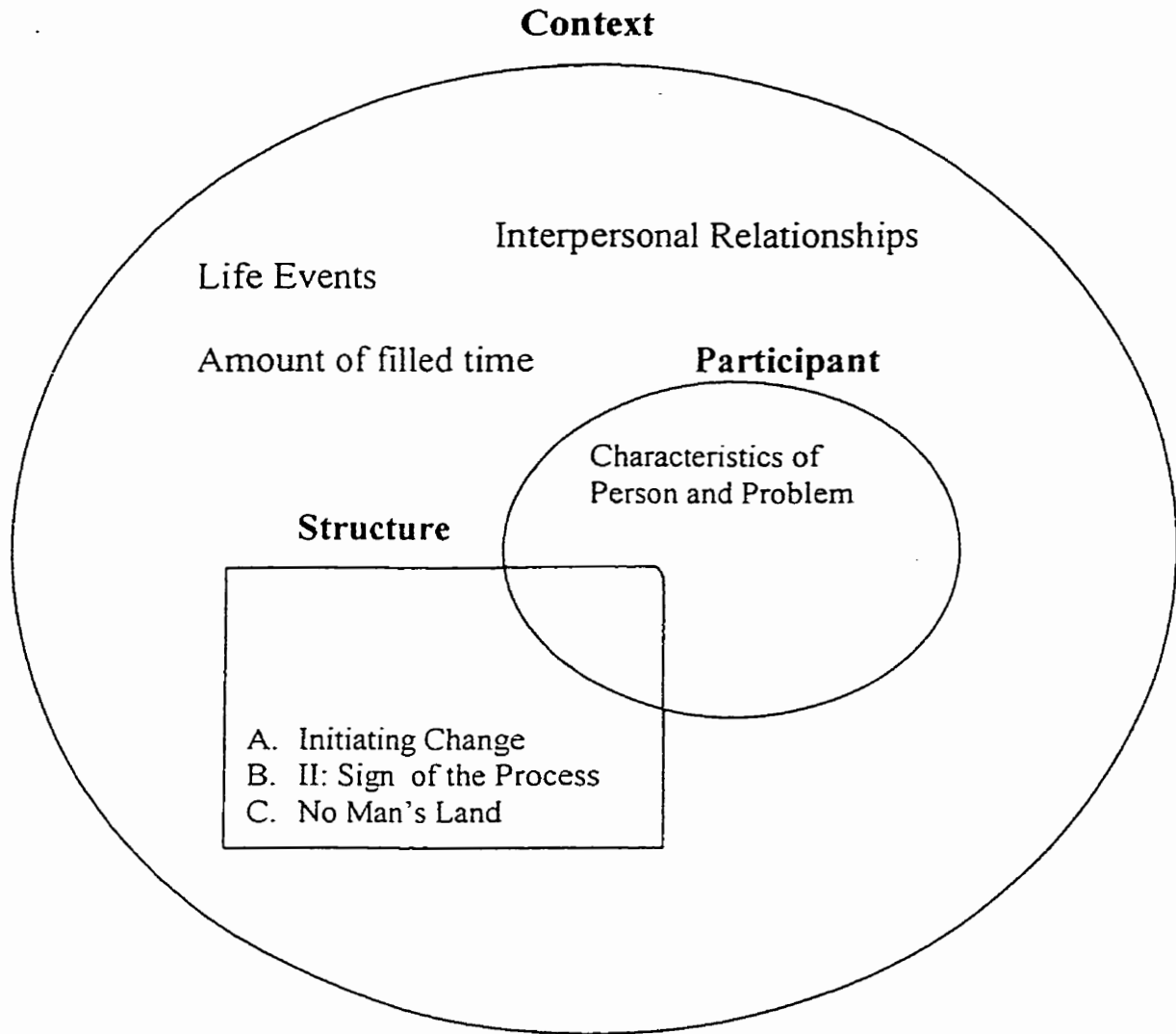
Chapter Six: Discussion

Discussion will follow the order given in the results chapter. First, the structure of the waiting experience will be considered. This will be followed by discussion on the quality of the experience as affected by subjective factors. A figure offers a means of visually conceptualizing the interaction of structure and individual variables during the waiting experience (see Figure 1). Discussion will expand to deliberate the usefulness of the expressive arts procedures in qualitative data gathering. Implications for counselling and future research will be examined at the close of each section. Consideration of the limitations of this research will precede concluding comments.

The experience of waiting for counselling as revealed by these co-researchers is an interaction between internal and external variables. For example, within the structure of the waiting experience [the rectangle in Figure 1] we have the intake interview. The interview itself is scheduled by the agency and is external to the participant. The participant's felt response and meaning making of the event is internal. Likewise subjective factors [the circles in Figure 1] have both internal and external aspects. For example, under interpersonal relationships,

the actions of others are external yet the co-researcher is internally affected by them. With this in mind, discussion will begin with the structure of the experience of waiting for counselling.

Figure 1. Waiting for Counselling--An interaction between internal and external variables.



The Structure of the Experience of Waiting for Counselling

As revealed by these co-researchers, the structure of the experience of waiting for counselling proceeds in three movements (see Figure 1). The first, initiating change toward a better life includes the self empowerment of calling for counselling, hope and the continuing nature of change. The second movement is the intake interview which acted as a signifier of the process. After this the participants entered and dwelled in the final movement, no man's land. Here they engaged in cognitive and behavioural coping, experienced duality, emotionality, and anxiety regarding future counselling.

A) Initiating Change: Taking Action Toward a Better Life

The first movement, initiating change, was propelled by the participants' intolerance of their problem and their desire to change. The desire to change was drawn along by the hope that change and a happier life, was possible. In calling for counselling the participants initiated change in their lives. They took action toward a better future. With this act, they empowered themselves as agents of change in their lives. Not only did calling for counselling reveal and reinforce their hope for change, but taking action was self reinforcing. The co-researchers continued to change in relation to their issues throughout the wait period.

Calling for Counselling is an Act of Self Empowerment

In making the call to initiate counselling the co-researchers were self empowering. They had made a decision that change was required in their lives. While they were not sure of what change would look like or where it would lead, all knew they did not want to remain where they were. Counselling was seen as a potential vehicle for effecting change - for having a better life. Positive reception by the intake worker eased participants anxiety about the process and helped them believe it was the right course of action.

Hope

Calling for counselling service represented the enactment of hope for the co-researchers. Having taken action, their hope was affirmed and reinforced. While counselling was in the future, it became the focus of participants' hopes for a better life. As such, it was used throughout the waiting period, reappearing as anticipation and fueling positive self talk. In enacting their hope for a better life by calling for counselling, participants had placed a concrete means of change in their lives. From this point onward the individual, when faced with their struggle, could inject the hope that it would be better.

Change is Ongoing

With one action undertaken and hope reinforced, participants continued to change through the waiting period. All co-researchers did something to deal with their problem and all saw change in their issues. S noted that having taken one action, she began to take others and that by the time her counselling started, she was more stable. Having evicted her abusive fiancée, R found herself dealing with her relationship with herself and her daughter, something she believed more important. T had the time to settle into her feelings and realize how much things at work had been bothering her. She also had time to realize the difference between her external presentation in the world and her internal experience. B stated she dealt with her issues more responsibly and did not fall into her more typical pattern of wallowing in depression.

Implications for Counselling

CCC already places a premium on the quality of the client's first contact with the centre in using experienced counsellors as intake/office workers. These participants confirm the importance of this call. CCC also has implemented questions in their intake interview which seeks the client's vision of change. This research substantiates the usefulness of this approach and further encourages

emphasis on the client's hopes. As mentioned, hope is a consistent thread. It reappears in no man's land as anticipation and expectation of the counselling to assist coping. The first contact with the centre acted as evidence for the participants of what they were waiting for. Participants gave it meaning.

Implications for Further Research

Questions I ponder include:

What is the relationship between hope for a better future, expectations for counselling and the change process?

How might counsellors and agencies foster hope and positive client expectancies?

What elements are important to clients in feeling they can connect with their service agency?

The Intake Interview is Significant

Of the four co-researchers, two experienced the intake interview (II) as supportive and helpful, one experienced it as unsupportive and helpful, while the fourth assessed the interview as merely a marker in the waiting process. In all cases the interview acted as a signifier of the counselling and waiting process.

R and S found the intake affirmed that counselling was the right process for them. The venting it allowed left R

feeling lighter and happier afterward. S found the interviewer understanding and helpful. The interview affirmed that the counselling was, "right for me." Additionally, S valued information offered and observations made by the interviewer. S used the waiting period to take action on these ideas.

The venting the interview allowed was also significant to B who noted it was like shaking up a glass of sand and water. "The sand settling in different spots and it's a better spot." Importantly, the interview had a healing effect for B even though she did not feel well received by the interviewer. B did not generalize the lack of acceptance she perceived from her interviewer to the agency as a whole. In ascribing her experience as unique to the intake interviewer and not representative of the agency, B weighed several factors. B considered the positive reception of the telephone intake worker, the reputation of the agency, and the validation of friends. T also did not feel met or supported by her apparently new and nervous intake interviewer. T drew upon her experience as a crisis counsellor to have compassion for the interviewer and did not generalize her experience to the larger agency. T chose to concentrate on the interviewer's sweetness and her intent to be helpful. "She's here trying to do this thing, and she's learning to do this thing for me."

The experiences of the participants echo the research findings of Shueman, Gelso, Mindus, Hunt, & Stevenson (1980). The authors found client satisfaction with the intake interview to be affected by the severity of the client's problem, the experience level of the intake interviewer, and feeling understood by the counsellor. Most importantly, the researchers reported, "the real issue for clients was whether they felt they were being helped." (Shueman et al., 1989, p. 120) R and S immediately perceived their intake interviews as helpful, which confirmed the right process of counselling at CCC. B and T, each in their own way, sought to find how helpful this agency might be in the face of a less than stellar interview experience.

The latter point underscores the findings of Anderson Hogg, & Magoon (1987) who said that clients who discontinue the counselling process made their decision by the end of the intake interview. Both B and T used information and resources beyond their interview to assist them in making meaning both of it and the usefulness of the counselling agency. This begs the question, if T did not have experience as a crisis counsellor or if B did not have a positive first contact with the agency, would they have remained on the wait list?

The descriptions of the participants intake interview experiences confirms previous research that the II is a pivotal contact. At its best, it is a healing and supportive event. At its most minimal, it acts as a signifier of the process.

Implications for Counselling

New counsellors and practicum students are often started in counselling by completing intake interviews. This research, as well as studies in the literature, lead me to ponder the wisdom of this course. Shueman, Gelso, Mindus, Hunt, & Stevenson (1980) found the experience level of the interviewer to impact client satisfaction with the intake interview. The worrisome significance of this finding is emphasized by Anderson, Hogg, & Magoon (1987) who noted that clients appear to make their decision on whether to continue with counselling by the end of the intake interview. The two participants in this study who had less positive interview experiences drew on other resources to maintain their positive attitude toward the agency and counselling. As the intake interview acts as a signifier of the counselling process, it is a critical contact. If a client did not have a positive experience with the intake interview and they had no resources with which to counter

this impression, then their hope for counselling, so pivotal during no man's land, is not fueled.

Agencies clearly need the information gained through the interview questions to assess appropriate service. Given T's experience, "she was just doing this task" (T, 114) interviewers must be able to accomplish the delicate balance of information gathering with quality of contact. As Shueman, Gelso, Mindus, Hunt, & Stevenson (1980) commented that the real issue for clients is whether they perceived they were being helped. The descriptions offered by the co-researchers suggest that, during the training of intake interviewers, the following be emphasized: 1) the quality of the contact with the client will impact their total experience; 2) the intake interviewer is seen as a representative of the agency and, as such, their interactions serve as those of the whole agency; and, 3) for the client, the interview process signifies the counselling process itself.

Implications for Further Research

This research and previous quantitative studies hint at factors which matter to clients in the intake interview. It would be worthwhile to have further qualitative studies in this area, deepening our knowledge of critical elements from the client's perspective.

Questions I ponder include:

When clients assess the experience level of the interviewer, how are they doing that? Is interviewer nervousness the only signifier, or one of many?

What is the client's internal experience when confronted by a nervous interviewer?

Is it really experience level which is critical, or is it the ability to balance quality of contact with information gathering?

If the real issue for clients is whether they perceive they are being helped, how do they make that assessment?

How do clients relate their II experience to the agency as a whole?

The No Man's Land of Waiting

Between the intake interview and the call from the counsellor to initiate counselling, the co-researchers found themselves thrown upon their own resources; they entered and lived in no man's land: No man's land, a term used by T which resonated with the other participants, is a term and image from World War I referring to blasted, muddy landscape devoid of natural landmarks. The Random House Dictionary defines no man's land as 1. An area between opposing armies, over which no control has been established 2. An unowned or unclaimed tract of usually barren land 3. An indefinite or ambiguous area where guidelines and authority are not clear.

Waiting for counselling is indeed a time when individuals continued to struggle with their problems. The opposing armies were at once within themselves, and composed of self and the world. After the intake interview they had no further landmarks to the process. Waiting for counselling was indefinite and ambiguous in its scope and purpose. Guidelines were unclear or non-existent.

Coping with Cognition and Behaviour

Participants engaged in diverse cognitive and behavioural coping strategies. R kept herself busy at work, read self help books, and countered negative self talk with hopes for counselling. B's busy life offered a great deal of distraction and, when anxiety arose, she also anticipated the counselling. For the most part, B contained her emotions and forgot about the counselling during her wait. "The waiting... you could just say putting it in a container, just containing for awhile then letting it out." (B, 144) S's very coping strategy of doing something, was a change, an investment in her life. Choosing to act on comments made by the intake interviewer, S improved her mood and assessed herself as more stable by the time her counsellor was assigned. T also sought to do something in seeing a psychiatrist. Her "awful" interactions with him frustrated

her attempts at improving her situation and indeed worsened her emotional state.

The experiences of the latter two participants are in accord with studies on depression and coping. Scheier, Weintraub, & Carver (1986) noted that higher levels of depression were associated with disengagement from goal and the focusing on and expression of feelings. S was disengaged from her life and noted that was part of her problem. When S was able to rouse herself and take steps, she felt better. T, on the other hand, frustrated in her attempts at improvement, found herself focused on her feelings of depression. Both Scheier et al. (1986) and Folkman and Lazarus (1988) noted that planful problem solving was associated with lower levels of depression. Of interest to the battling T's experience, Folkman and Lazarus (1988) found that confrontative coping was consistently associated with a worsened emotional state. S and T's lived experiences support the authors conclusion that not only does emotion mediate coping but that coping mediates emotion.

Meaning making employed.

Meaning making was employed by all participants in making sense of not only why they were waiting, but of the costs and benefits to waiting. B found waiting interrupted her process. S said that, once assigned, it took her

counsellor longer to help her find her problems as she had put them somewhere. R remembered feeling overwhelmed and desperately wanting help through the first five weeks of her wait. T also spoke of waiting as an interruption, likening it to having one's car run out of gas.

Despite this, all co-researchers found benefits to waiting. S had many new things happen and had the time to get started with them. B felt she needed the time to realize the dichotomy that her path, and forward movement, always existed even with the presence of obstacles and stumbling blocks. T had the time to settle into her depression and discover her feelings and internal experience. R found the evolution of her issues to those of more importance to be a benefit of the wait.

R and T also sought meaning at a practical level. R thought she waited a little longer because the counselling center was assuring a positive match of counsellor for her. T considered the client's hours of availability, an insufficient number of volunteer counsellors and lack of funding as contributing factors to the length of time she waited.

Duality of Experience

Of interest and surprise to this researcher was the strong element of duality or polarity across the

participants' descriptions. This theme was so strong that for a time I considered it might be an overarching theme under which all could be pooled. Perhaps the strength of duality is not surprising. Whether the participants had parts of themselves in conflict (T, R) or there was conflict between their internal experiences and the outside world (B, S, R, T), or both (R, T), the sides of the conflict continued to engage during the waiting period. This may be the reason the no man's land analogy worked so well for the co-researchers. The conflicted aspects were seeking peace and integration; the hope offered by counselling. The duality manifested in different ways. T's inner conflict included her orange blob and her strong ego. T's behaviour in the outside world paralleled her inner conflict as she had wars with her psychiatrist yet maintained a fetal position at home. B sought to resolve her insecurities which interfered with the person - Rainbow - she was becoming. B used the word dichotomy to describe living in this process. R found herself vacillating on the verge of chaos or happiness. R's life over the wait period was typified by happy at work, unhappy at home. Finally, S felt constantly pressured by her problem, even trapped by it, leading to an existence of foreground busyness with background pressure.

Fluctuating emotions.

The duality of experience was echoed in the emotional realm. R felt an emotional roller coaster. T described emotions fluctuating along with the parts of her inner struggle. S could go from feeling high to low to feeling high again. B largely contained her emotions after the intake interview. Her duality exemplified itself over time. Before the intake interview she felt fear, anxiety and excitement. Once B's coping strategy was back in force, fluctuations occurred prompted by external events as when she started her practicum. At the time of the research interview, B described her experience as both serenity and fear.

Anxiety Regarding Future Counselling

Another manifestation of emotional duality was the fact that while hope for future counselling assisted participants in no man's land, it existed alongside anxiety. "You hope it will help, but you don't know." "There was anxiety about dealing with things. Anxiety about my counsellor." Meeting the unknown counsellor meant facing one's issues. While participants anticipated this on one hand, on the other there was self questioning about the nature of the process, the counsellor and their own abilities. This anxiety reached its peak with the phone call from the assigned

counsellor to initiate counselling. The moment of truth was at hand. Was a better life really possible? What would the process and the counsellor be like? Discovering that the counsellor possessed similar life experience eased the anxieties of 3 co-researchers.

Summary

While in no man's land participants coped with their situation in a variety of cognitive and behavioural ways. They sought meaning to the experience. While noting the negative impact of waiting, all participants also ascribed positive meaning to their waiting period. Co-researchers' lives included a felt sense of duality or polarity throughout this period. Emotions fluctuated depending on which aspect of the duality was paramount. Hope for counselling was often used to assist coping, but it was laced with anxiety. Counselling held hope for a better future, but what if the counsellor didn't work out or the participants found themselves unable to work through their issues? In no man's land the co-researcher was truly, "held in the tension of waiting." No man's land may have been devoid of landmarks, but the landscape of experience was not empty.

Implications for Counselling

The depth and breadth of being held in the tension of waiting suggest significance to the process. It may be useful for the assigned counsellor to check in with their new client, "how was the wait period for you?". The reports of the participants indicate their counsellors responded well to their anxieties about entering counselling. The counsellors' validations of their clients' emotional experience, as well as self disclosure of experience with the issue, were helpful to the co-researchers.

CCC attempts to check in with clients at least once a month while they are on the wait list. This is accomplished through a phone call which ascertains the client's continued interest in counselling, updates file information and inquires how the client is doing while waiting. Interestingly, only one co-researcher mentioned this call. T worried that the centre was trying to weed her out, evidently referring to the query as to whether she was still interested in counselling. The other participants either did not receive a call or it did not register. Given the struggles, both internal and external, which co-researchers faced in no man's land, I would have thought a contact by the centre to have been deemed helpful. Such a call might provide evidence to the waiting client that the centre cared for their welfare and wished to be helpful. Thus I am

curious at the lack of reference by participants. It may be useful for the centre to ensure that the connection aspect of this phone call is emphasized, as opposed to information gathering.

Implications for Further Research

Providing assistance in no man's land: assuming that the service agency is already doing every thing it can to provide service as soon as possible, I wonder if there is anything else that agencies can do to assist their waiting clients? Further research might investigate this question. How is a check-in phone call by the agency received by waiting clients? Is it useful?

Meaning: the positive valence ascribed by these participants to the waiting process is intriguing. Further research into clients meaning making when exposed to administrative procedures may be illuminating. Such information would assist agencies in tailoring their service to client needs.

The Subjective Quality of the Waiting Experience

There is an Individual Doing the Waiting

The subjectivity of the waiting experience as illuminated by these co-researchers helps explain the variant findings seen in the waiting literature to date (May, 1991).

Subjective variables such as the individual's tolerance for waiting, the nature of their problem, and their expectations for counselling impacted the lived experience of waiting well beyond the number of days in the length of delay for service.

Personality characteristics of the individual were projected upon the wait experience, affecting the perceived quality of the wait (see Figure 1). Impatient T found waiting frustrating. S, with her ill defined self and nebulous problem, experienced vague pressure from her problem during her wait. Anxious B found the week between calling for counselling and the intake interview to be filled with anxiety. After the intake, B contained her problem but life events provoked the reappearance of her anxiety. R, who self described as a "control freak", experienced being out of control during her waiting period. One is reminded of the expression, "wherever you go, there you are". The quality of the individuals' waiting

experience was consistent with their personal characteristics and their life experience.

As well, the nature of the individuals' problems, and their histories with them affected the quality of the wait experience. Co-researchers who were clear on their problems, who had some history with it, had also developed strategies for dealing with it. R knew her issues and assisted herself with self help books. B was clear on her issues and had lived with knowledge of them for years. This allowed B to view her issues in a broad context and avail herself of an effective coping strategy. T had developed familiarity with her depression over the years. The introspective position she adopted was, "just something I've learned over the years." (T, VA57). Moreover T was clear that there was value in her depression in that sometimes it stopped her when she needed to be stopped. T viewed the arc of depression as a place of great power and knew it could provide answers. In contrast, 18 yr. old S had felt her problem for awhile, but had not found the means to deal with it. S had no tools, whether by virtue of experience or belief, to assist her. S continued to feel trapped by her problem and ready to explode.

Participants' histories with their problems included counselling. Previous counselling impacted the participants' expectations' for the counselling they awaited. For some,

positive previous counselling experiences supported them through the waiting through affirming beliefs about what was possible. For R, her previous experience allowed her the faith and trust that it would appear when needed and whatever issue she worked on, it would be useful. During her first wait B hoped that, "fixed for life! No more after 12 sessions, this is it!" (B, 100). These high expectations during her first wait fueled B's anxiety. During her second wait, B had come to regard "fixing" herself as a life long process and she was, "patiently waiting" (B, 155). T's past experience allowed her to maintain herself on the wait list, hopeful that counselling might aid her in securing a happier life. S had extremely limited therapeutic experience, only a few recent sessions with a psychiatrist, which she hadn't liked. Lack of counselling experience contributed to S's vague experience as she really didn't know what she was waiting for. S had hopes for a better life, but she wasn't sure what to expect in counselling.

The relation between hope, expectation and the subjective experience of waiting was considered by Fujita (1985) who examined different modes of waiting. Fujita noted that regardless of the modality of waiting a person was experiencing, two aspects are present: what is waited for, the objective aspect; and how we wait, the subjective aspect. In waiting for counselling, participants are

waiting for "the world of becoming...the particularly human world in and through which we become more human." (p. 112) The object waited for in the world of becoming is elusive and there is a dialectic between "how we wait" and "what is waited for". "'What is waited for', no matter how vague it may be, prepares a certain mood or certain possible moods of the particular waiting." (p.113) In considering the subjective aspect, is the person waiting with patience, hope or expectation? Fujita cited Bollnow to clarify the meaning of hope, in contrast to expectation:

Both hope and expectation refer to the future.

However, in expectation there is a strong inner activeness in spite of outward passiveness; there is belief in the occurrence of the expected event; and the expected event is sensed to be imminent and clearly imagined. Hope differs from expectation in that there is a kind of relaxation as seen in the fact that no hope is unendurable or unbearable; the exact occurrence of the hoped for event is not definitely known.

(Bollnow as cited in Fujita, 1985, p.109)

The interaction of personal characteristics, expectations for counselling, and hope for a happier life - the dialectic between what is waited for and how the person is waiting - becomes clearer given this conceptualization.

Waiting Occurs in Context: Life Events Impact the Waiting Experience

The quality of the waiting period was affected by what was going on (or not going on) in the participant's life (see Figure 1). Waiting for counselling occurred in the context of the individual's life and could not be separated from it.

T noted that lack in her life context - lack of work and social support - made her waiting experience more difficult. The three other co-researchers appreciated work or school as giving them something to do and providing distraction. The amount of filled time is important to the wait experience as it impacted whether the individual had relief from their problems.

Another element of context is the quality of relationships surrounding the participants. Both B and R found themselves confronted by the fighting of family members which added to their distress. T noted that her friends could not support her because they were all depressed themselves. Her attempt to deal with her problem via her psychiatrist led to further frustration and anger. S did not mention friends and it was conflict with her sister which provoked her call for counselling. Thus the existence and quality of the relationships surrounding the co-researchers affected their waiting period.

Life context included serendipitous events like holidays falling during the waiting period, again providing relief through distraction. Both S and B enjoyed the nature of their Christmas celebrations. During B's wait, reading break occurred at school and friends arrived for a visit.

Implications for Counselling

During the intake interview CCC seeks a larger picture of the client's life with a number of questions. The descriptions of these participants suggest that in reviewing the information attention be paid to those clients who have little distraction or support. These individuals may experience a more difficult wait period.

Implications for Further Research

It would be useful to know more about life context and its relation to the waiting period. Social support is commonly viewed as an important factor for clients. These participants benefited from various forms of distraction from their problems. T, on the other hand, was forced to continually face herself and her issue. The result of this was that T became more aware of her feelings and her issue. I am curious about how the amount and type of filled time affects the waiting client. When is a void of people and activity useful, and when is it not?

The Value of the Expressive Arts as a Research Tool

Three of the four co-researchers made unsolicited comments about their valuing of the art process. R responded to the query, "anything else you'd like me to know?" with her appreciation of the art session (138-151). Prompted by her own metaphor of a turtle coming out of its shell, B referred to her image as holding "the essential elements of me." (109) T made comments to the researcher after the art session was completed as I was packing up materials (VA101-VA103). S was the only participant to make no comment on the art process and seemed somewhat frustrated by it. Nevertheless, S's image, and her very frustration, speak eloquently of her struggle for self articulation and definition.

My sense as a counsellor and researcher sitting in the room with the co-researchers is that the visualization, art and story process accessed a different part of the participants and their stories. Some of this was conveyed in the practicality of words as the co-researcher described or focused on different things in the two interviews. Mostly, my sense of something different was held in the mood in the room, in the space between us, something only hinted at by the words on the printed page. As an analogy, I refer the reader to the score of a symphony. Looking at the notes

scattered on the sheet of music, the viewer has but a hint of the fullness of the work as it is played.

The value of the expressive arts as a research tool was plainly demonstrated by T. In the art session T revealed the orange blob of her depression and she spoke at length of its gifts. The image of "Aloneness" beneath the arc of depression, allowed her to speak of that place within herself. The second interview, completely verbal, witnessed the presence of T's battling ego. It was at the second data collecting session that T spoke at length about her war (146) with her psychiatrist, something not even mentioned at the first session. T used a boxing metaphor when referring to her counsellor's phone call. "Do you think you are ready to go a couple of rounds?" (172) In this ego place, T extensively described herself as difficult and testing (170, 173).

The expressive arts process accessed the other side of T's existence, her weak, depressed self. It was T's story which intimated the power and gift that depression might offer. The arc of depression was a place of great power. Bending to the earth beneath it, T waited for answers. Without the use of expressive arts I don't believe T's battling ego, which was "embarrassed to death" (VA37) by her orange blob self, would have revealed much of its existence. The two modes of data collection then, complemented each

other to reveal the polarity within T. It was this internal struggle, projected onto her waiting experience, which yielded a frustrating, humiliating time. Of the art process, T commented, "that was really interesting. I've never done anything with art before but that was quite revealing. It sort of, got something. I wasn't sure going in, I mean I can't draw, but it worked." (VA101-VA102)

For B the art captured, "the essential elements of me" (109):

I should have drawn it purple. I was looking at my picture before session and I was thinking how real that is and how that is so me...the groundedness, the path of life, and the obstacles, and moving through the stumbling...stumbling, and the rainbow on top, the sense of hope...the essential elements of me. Last night in my dream, I woke up in the middle of the night, calling it Rainbow. (108-110)

The art and story helped B articulate her path, her process and her belief that even in the midst of pain, there is hope. As B was a person who thinks visually, evidenced by her numerous metaphors, art provided a visual outlet and container for her inner experience. The image both captured, and offered her inner life in a less cognitive way. B's story not only reiterated her essential elements but synthesized the meaning to her experience. During the

expressive art session, B was in her process, while in the interview, she recalled and explained it.

During the first data collecting session, R was also much closer to her feelings of chaos and being out of control. "I know I'm a control freak so when I look at control, it's in there twice...and this is also a control issue, losing the battle." (VA85) In the first data gathering interview, R spoke of the pain of calling her mother, which emphasized the pain she had been living for many months. This was not mentioned in the second interview. The grief R felt after the break with her fiancée, the need to forfeit mutual dreams, was also not mentioned in the second interview. Of her image R said, "I see that that was me up there on the board, I think, I mean, I don't think I could add anything more to that. I think that's really raw. That art seemed to capture something for me. I didn't think it would, and I didn't think it was doing it at the time." (138-141)

R's story, *Woman on the Verge*, also synthesized her experience. R was a woman on the verge of happiness, or chaos. At the second data collecting session, R talked about the emotional roller coaster she had ridden. The tone of this session was explanatory rather than emotional. There was also more focus on R's meaning making, her essential optimism and resources.

S completed her art and explication quickly, struggling to find something to say. She seemed frustrated by her lack of articulation and we moved on to the interview segment of data gathering. S's story evolved out of her lack of articulation. It combined lines of her in the moment experience. S's first words referring to her image were, "I'm about to explode". When asked for a story, S hesitantly began, "the girl with no face", then faltered, "I don't know how it's supposed to end". She then combined these three lines to make up her story. While S appeared somewhat frustrated by the creative arts, this did not diminish their effectiveness or ability to illuminate her experience. Indeed, S's lack of ability to articulate herself, to define herself, lay at the core of her inner struggle. That S was unclear about herself, her problem or the process in which she was engaged is plainly revealed in her stick figure with no facial features. How does someone with no mouth speak of her inner world? S's story, with its plaintive ending speaks volumes, "the girl with no face is about to explode and she doesn't know how it's going to end".

For participants willing to enter an expressive art process for data gathering, the information gained is profound. It is worth noting that none of the co-researchers viewed themselves as artistic, nor had they

experienced expressive arts therapy. In this research, art and story proved complementary to the interview process. Pivotal pieces of information were found only in the art session (such as T's meaning making of her depression). On its own, the expressive arts would have been insufficient to illuminate the phenomenon since participants attended to the experience captured in their image. If the artwork does not address ALL of their experience, then important pieces of information might be missed (such as T's battles with her psychiatrist).

The visualization, art and story allowed the participants to enter their experiences. They re-experienced their waiting period in the moment and concretized it on paper. The art provided a vehicle for participants' to talk about their experiences while in them. The stories clarified participants' essential themes. Seney, Baker and Gross (1994) said, "people's stories determine the meaning they ascribe to experience and which aspects of lived experience are selected out for ascription of meaning" (p. 287). The stories of the co-researchers bear out the authors' assertion.

In contrast, the completely verbal interview session, was completely cognitive. Participants recalled their experience, rather than standing in it. This research demonstrates the usefulness of combining both approaches.

Being in the experience, in its emotional effect, precludes the larger perspective gained when one steps outside the experience and looks at it from an angle or a distance. As an analogy, consider standing beside a river in a valley. At its edge, I can hear its burble, watch its flow and see its fish and pebbles. If I mount one of the neighbouring hills, I lose these details, but gain a view of the river's course as it winds through the valley. From this height, I can also see the extent and nature of the valley. The use of data collecting methods which allow both views offers a great deal to qualitative research.

Implications for Future Research

The usefulness of the expressive arts in illuminating pivotal pieces of the participants' stories makes it a valuable addition to qualitative data collection. In particular, the ability of the expressive arts to return the co-researcher to their experiences is of note. Story's ability to reveal participants' meaning making of experience also deserves more study. Further research into the usefulness of the expressive arts for qualitative research is warranted.

Is information gained via expressive arts substantively different, is it complementary, or does it duplicate information gained via the standard interview?

Does the art and story synthesize themes found in the interview?

Is the story short hand for the overall experience, or merely the meaning the individual makes of the experience?

Limitations of This Research

The first limitation of the study is that it has been conducted by a novice researcher. I have compensated for this by using an established method. Qualitative research seeks to illuminate a phenomenon through the descriptions of individual lived experience. Generalizability is empathic rather than statistical. Moreover, the findings are always relative to the situation from which they are drawn. As an interview is always a new experience, and people change day to day, qualitative research does not claim to be replicable. Reliability is tested in sameness of meaning. This researcher has endeavoured to be rigorous and has employed various checks for goodness of fit, sameness of meaning and empathic generalizability. Nevertheless, it is up to readers to determine, through my declaration of predispositions, provision of procedure and decision trail, whether they agree with my interpretations; a process for juridical review.

Conclusion

This study has shed light on the non-measurable and irreducible costs of waiting (Schwartz, 1975), as well as its benefits. It has revealed the meaning waiting for counselling had for these participants. The co-researchers' descriptions and this analysis has added to our knowledge of the process which occurs over the waiting period. The gamut of emotions mentioned in the literature, uncertainty, anger, anxiety, and ambivalence have been affirmed. Thanks to the involvement of the co-researchers, we have a clearer understanding of "factors other than the size of the waiting list that affect client perceptions." (Shueman, Gelso, Mindus, Hunt, & Stevenson, 1980, p.121)

This research has illuminated the structure and quality of phenomenon of waiting for counselling by asking the question, "what was it like to wait for counselling service?". Analysis of four co-researchers' descriptions revealed the experience is structured in three movements: initiating change, taking action toward a better life; the intake interview, sign of the process; and no man's land. The quality of the experience is affected by subjective factors such as characteristics of the person and the problem, and the larger context of the participant's life. The value of the expressive arts as a research tool was discussed. Implications for counselling and further

research for all of the above were considered. Limitations of the research have been noted.

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Appendix 1

QUESTION PATH

What was it like for you to have to wait for counselling?

Can you tell me about your initial reaction to hearing about the wait?

What sorts of emotions did you experience during this period? Did they change over time?

What was helpful to you during the wait time? How did you manage?

What was your experience of the intake interview?

What was it like for you to be unable to do anything about the length of the wait?

Did you have a clear sense of how long the wait would be, or not? How was that for you?

Was the wait last longer/shorter than anticipated? Tell me about that.

What were you hoping to receive from the counselling? What promise did it hold?

[Do you think that waiting impacted your counselling experience? If so, how?]

In your heart of hearts, deep down, why do you think that wait was in your life? What did it mean to you?

If you had the option of a shorter wait with fewer counselling sessions, say a 1-4 wk. wait with 4-6 sessions, would you have taken it? Please say more about that.

SCRIPT FOR VISUALIZATION, MOVING TO ART, THEN STORY

Close your eyes and get comfortable in your chair...Notice how the chair holds you, supports you...Allow yourself to sink into that support...Take some deep breaths, right into your belly, hold it...and exhale. Again...As you exhale, let go any thoughts that intrude...Allow yourself to relax, to settle into the chair...Let your breath find any tension in your body... And let it go...[continue in this vein until the co-researcher appears relaxed]

Now I'd like you to take yourself back to the time just before you called for counselling. Revisit what was happening in your life then... who was involved...what was going on...how did you feel?...[longer pause to allow their exploration]

Then you decide to call for counselling. See yourself making that call...remember it...what you were feeling...the conversation...what it was like for you...how it was to be placed on the wait list...[longer pause]

You've scheduled an interview, some time with a counsellor...remember that scene, your thoughts, your feelings...how was it for you...[pause]

You are waiting, the first week, the second...be there again...what was it like...how were you managing...[longer pause]

You wait some more...how are you doing...what's happening in your life...[pause]...Do you know how much longer you have to wait...how is that for you...[pause]

It comes closer to the time the counselling is to start....how is that, have you forgotten about it? Is it on your mind?...What do you feel...[pause]...How about the problem that led you to call for counselling...where are you at with it

[If the co-researcher waited longer than they anticipated add the following]

The wait is now longer than you anticipated...what feelings do you have about that...what's going on for you...?

ART Holding these experiences, images, thoughts and feelings, come back to the room, in your own time. When you are ready, without words, create an image or images, that holds this experience for you. In whatever way fits for you, allow the paper to hold.. what it was like...[pause]...remembering that whatever you do.. is the right thing to do....[pause, when they are back in the room, preparing to work]...You have 20 minutes.

DEBRIEF. Ask person to explain, interpret their work. What are the salient features? When they are complete, ask

STORY. If this picture illustrated a story, what would the story be? If it had a beginning, a middle and an end...what would it be? [seed sentences] Once upon a time...somewhere far away, a long time ago...

Appendix 2: B's Protocols and Thematic Analysis

Transcription of B's Visualization and Art Interview

Researcher: How was that for you?

B: Good. I was afraid I couldn't remember my waiting experience. Going back and getting it on paper really helped solidify what was going on.

Researcher: Great! Can you tell me about your image?

B: It was a long process and journey. I symbolize that with a path which I did in green. It's a journey with peaks and valleys. The purple and blue is when I decided to call. There was fear and turmoil within me and what I was going through. As it got closer to the II it became stronger. That week of waiting...I wanted to let it all out and yet there was that fear there [pointing to the black and blue]

R: Can you tell me about the black and blue?

B. The black is deep pain. The blue is fear, turmoil, impatience, anxiety. All that stuff. Being close to doing it was scary. I get there but the process is hard and scary. The dark is the fear and uncertainty of the unknown and what will come up. It's safer to stay back. That's been my coping mechanism. Stay back. Don't get involved. Stuff your emotions, keep busy, get on with life. The pink is after the intake interview. The intake was good in that I had let it out. I had just said Blah!, "this is everything I have", and I had never done that before. It was out there. It was there, and it was done, and I felt quite raw after.

I had been listened to but it hadn't felt very safe for me, with that person. But the important thing for me is that I did let it out.

R: I see there's no more black and blue here. Is that like, there was no fear now? There was no fear but it felt raw?

B: Yeah. Exactly. The fear is coming up to letting it out. In the moment to be letting it out was very emotional...not a good feeling, because I didn't feel received well on the other end. So that was a bit scary too. I knew what I wanted to do, and I did do it, but I didn't feel accepted...listened to.

R. In spite of that, you conquered your own fear and did what you needed to do for yourself.

B: Yes, exactly. Driving after and meeting a friend I didn't want to talk about it. It was done. I didn't need to talk about it. I'm done.

And then November was a really good month for me. The hard part was over it seemed. I knew it was going to be awhile, so okay, I won't worry about it (laugh). I'll go on my merry way, so that's the pink. I felt that FI had done a lot of the work in that intake interview and going along my merry way was doing things that needed to be done, like complete assignments. Um, I remember I had a lot of assignments due and I was on top of them and that felt really good. That felt good to be completing stuff. That felt really good.

R: Life was busy and you through yourself into it. It sounds like you could focus.

B: Yeah, that was because of the intake interview. It was because of that I was able to focus a lot more on my life and on me rather than what I was thinking about it. It was out there and I knew I'd get back to it. Yeah. More though is just my being able to day it, to verbalize it was enough for me. That I kind of knew what I needed to do yet I didn't really need anyone to do anything with it. As an analogy, you know, I'll talk to a friend and say, "but you don't need to do anything with it, but I just need to say it".

R: It's getting it out that matters.

B: Letting it out and let it go. It seems like when I let it out, I let it go.

R: Umhmm. Okay, so where are we on your picture here?

B: That first blue line. That's fate. "Oh yeah, I've still got to go for counselling". Not being very scared, knowing it will be another month or so, and that's okay. It's kind of there, but it's not bothering me.

R: The things that led you to call for counselling, what was going on with them?

B: I think I was just able to let it go. Like it wasn't like they went away but I said what I needed to day and dealt with, you know, things in my own way...um, yeah. At that point I was looking at the situation I was going through with more compassion, more sort of, self compassion, rather than beating myself up.

R: there was something about doing what you needed to do, regardless of reception... getting it out there, was enough to be kinder with yourself.

B: Yeah. Then December there was Christmas. It was more of an accepting time. It was more, "Okay, Christmas is coming. I'm not going to get all stressed out about what's going to happen or not going to happen. Um. This is the way it is". It was just like my Mom and Dad and I at Christmas, not a bunch of family. Quite liked it! Yeah. Again this, "this is the way things are and that's okay. I can handle it".

R: so it came up again but you were able to let it go and accept what was.

B: Yeah. Yeah. Then January came. I started a practicum and didn't like it and feeling all these insecurities and everything was coming up again. The original issues. Yeah. I was around a lot of people and not knowing anybody and not feeling welcomed...a lot of these insecurities came up again and at that point I started thinking again about the counselling and thinking that I want to be more comfortable with myself in those social situations or situations where I don't know anybody. I wanna just look at that more closely, what that's about.

And then...Got the phone call! (laugh). Gee! I remember it was on my answering machine and to call this person back and I phoned her back and I went, "Omigod! It's time!" (laugh). And it was like, "now this wasn't Really going to happen" (laugh). It had been so long and I remember saying to her that and she said, "Yeah, it's scary" and uh, that made me feel a lot better. That she had gone through that and that she had acknowledged and recognized that, that it can be a difficult process. Um, and when I asked her what her experience was...I mean I wasn't concerned about qualifications or anything, like it was...and she said, "I've been through 8 or 10 years of work on my own personal process", and I thought, "yeah, That's nice!".

R: She's walked down this road.

B: Yeah. There was something really comforting about that. She could understand it could be scary. Yeah. At that point, that's where I drew the sun, and that's where I knew that um, that this was going to be okay...that there's gonna be sunshine and rainbows. I always look at life as hope at...despite where I was, and going through my own process, not feeling comfortable...I try to look at my...what I do have, the gifts I do have and what I do have going for me and look at it with self compassion, at myself with self compassion. That's where the rainbow comes in. That sense of hope. It goes back to the bottom, to the fear and all that. So I put that over top of all that, even though there still is that fear.

R: Can you tell me about this brown here?

B: The brown part was the horizon and the groundedness of my life and also I think, the pain. Like it's always there. Um, there's always pain. It hurts and...

R: The horizon indicates where you are; high, or down in the pain?

B: Yeah! As I was shading it in I was thinking about my life and the process I go through, and sometimes how it's very painful, and yet there's always stuff that's there. Like the groundedness is solid. So within the pain, there can be groundedness and it's solid in there. But knowing that, um, there can be many good things happen within the process of feeling that pain. Yeah.

R: You were aware of that throughout the process?

B: Um Hmm. I look at the way I was shading and my most...like I look at the sky and it looks kinda wishy washy (laugh) but yet, I look at the path, and that's the original path I was on in the counselling process between the phone call and the...how strong that is. How much stronger that is than my sky and uh, even my rainbow.

R: Your path is stronger than the sky or the rainbow.

B: Yeah. I look at the process as the most important part and acceptance of that and also having that sense of hope. That's important to me too. And the sunshine is always there as well. But for me, the most important part is the process of letting it out and accepting the consequences that go with that.

R: Anything else you'd like to tell me about the image.

B: No, I think that's it.

R: Okay. So now, (holding up B's image for her to see) if this was the illustration to a story... it doesn't have to be long, a few sentences or a paragraph, just so it has a beginning, a middle, and an end, what would the story be? Once upon a time...once there was and once there was not...A long time ago in a place far away...

The Story of Rainbow

1 Once upon a time there was a fish, and this fish was very innocent.

2 it got into the big bad ocean and there's lots of life in there, and lots of things going on, sharks, whales, algae, kelp, all kinds of stuff in there.

3 This fish got scared and it tried to run away.

4 It kept running and running and running and running and it couldn't get out!

5 It was going against the current.

6 So this fish decided to go with it, the flow and to go with the flow and he started swimming a lot easier and going places.

7 And he came across this unknown territory and started to again back off a bit, but not like before...didn't want to go there again

8 So he swam through and then made it through that and then came to another obstacle

9 and because this fish had been through so many obstacles, and had learnt what not to do, and what to do

10 he decided to just plunge forward with it

11 The fish went through this big pool of water.

12 he kind of got shaken up a bit in the process but then came out and there was sunshine awaiting at the end.

13 Right now the fish is just swimming along knowing that she's gonna go and meet obstacles

14 but knowing what path to take rather than stumbling and holding back.

15 The moral of the story is to not try and change who I am. Stay with who I am and work with it and go through life with just who I am

B's Interview Protocol

Transcription	paraphrase	theme
<u>Interview Session</u>		<u>Interview Session</u>
1 The last time it was from the minute I had my intake interview that I was complete with that.	a sense of completion after the intake	1 Experiences completion after intake
2 It was almost like it was like I just went Blah!, and then it was enough to carry me through for another couple of months.	Getting it out, Blah!, was enough to carry B. through a few months	2 getting issues out in the open satisfied for a few months
3 Although it was still in the back of my mind I guess.	counselling was still in the background	3 the idea of counselling remained in the background
4 I did have what I wanted to work on but that it was out there in the open, I had let it out was a healing experience for me.	Having put what she wanted to work on in the open was a healing experience	4 getting issues out in the open was healing
5 At the time I didn't feel like talking about it after the interview.	B didn't want to talk about the II afterwards	5 after speaking, there was a need for silence
6 I remember driving out of there and meeting a girlfriend and just not needing to even talk about it because it was just so emotional,	The II was so emotional B didn't need to talk about it	6 speaking her issues was so emotional, silence followed

7 but after a couple of days, when it sort of settled in and I accepted some of what I had said, it felt good.

after a few days B was able to accept the things she had said and it felt good

7 in time it felt good to have spoken

8 It felt a little too raw to talk about for a couple of days, then it settled.

for a few days B felt too raw, then the feeling settled

8 emotions settled after being raw

9 It settled in a different spot.

B's issues settled differently

9 there was a shift in B's issues

10 I'll use the analogy of shaking a glass of water with sand - the sand settling in different spots and its a better spot.

B offers an analogy for her emotional experience, like when a glass of sand and water is shaken, the sand settles differently and better than before

10 speaking her issues shook things up leading to a shift which felt better

11 It might not be a complete perfect sand castle, but I look at that as part of the process, you know.

B reflects that the new configuration might not be perfect but that's part of the process

11 imperfection is part of the process

12 Working through the things is sort of hitting, you know, facing them, and by doing that things are going to come out differently.

By facing issues, issues come out differently

12 facing issues leads to change

13 The outcome, I'll feel differently after I have faced things head on.

B reflects that both the outcome and her feelings are different when she faces issues

13 both the outcome and internal experience change when issues are faced

14 And the different will be better.	different is better	14 difference is improvement
----- (after the II)	-----	----- (after the II)
15 I felt different in my body, I felt like a load had been lifted off me.	after the intake interview B felt different physically, like a load had lifted	15 experienced physical lightening
16 I felt that I wasn't carrying as much weight,	B didn't feel like she was carrying as much	16 physical experience of not carrying as much
17 In my relationships with my parents was more...I just accepted things more with them rather than trying to change them.	B was able to accept her parents rather than try to change them	17 change in attitude and way of relating in troubled relationships - from a desire to change others to acceptance
18 I had talked a lot about my parents and my relationships with my parents in the intake and my father had been an alcoholic, and I just looked at them differently.	After talking about her relationship with her parents and her father's alcoholism at the intake B was able to look at them differently	18 talking about issues allowed a different perspective
19 Even though I wasn't able to talk to my Mom and Dad about it so much, but being able to talk to somebody else about it, rather than saying nothing about it to anybody.	B reflects that even though she couldn't talk to her parents about issues, it made a difference talking to someone, rather than keeping it in	19 speaking instead of silence made a difference
20 Avoidance is a powerful reinforcer.	B reflects that avoiding problems reinforces itself	20 avoidance is self reinforcing

21 It was a significant intake.	B reflects the intake was significant	21 speaking was significant
22 I remember it was pretty much internal, because I didn't feel really accepted by the intake person.	B reflects that her significant experience was internal as she didn't feel accepted by the intake counsellor	22 positive internal experience despite external reception
23 I needed to say what I had to say and I did and I didn't need her to do anything with it.	B had needed to speak her experience, she had and she didn't need the intake interviewer to do anything	23 speaking internal experience, not external response, was important
24 It probably took me a little time after to actually realize the benefits of it because at the time I just felt very raw after, you know.	It took time for B to realize the benefits of the intake interview because she felt so raw	24 benefits realized after emotional rawness subsided
25 A couple of days later I looked at how healing it was.	in time B could see how healing it had been to speak	25 realization that speaking had been healing
----- (time between initial phone call and intake queried)	-----	----- (time between initial phone call and II)
26 Well, from the time that I hung up the phone was like I had done it.	phoning for counselling gave B the sense, "I've done it"	26 sense of beginning
27 I had begun facing what I needed to face and it was out there,	In phoning B had put her issues out in the open and begun facing them	27 process of facing issues begun by bringing them into the

it was open

open

28 it was something that I wasn't going to go through alone.

B realized she didn't have to face her problems alone

28 realization that issues didn't have to be faced alone

29 I had thought about it for awhile, you know, phoning, and being a client here

B had thought about phoning for counselling for a time before she followed through

29 time and thought had been given to calling for counselling before the call was made

30 and once I had done it and said what I needed to say over the phone

having made the call and spoken about her problems

calling and speaking issues

31 and the lady over the phone was really, really nice and very empathic and understanding

the woman receiving the call was empathic and understanding

31 feeling understood

32 and it was just a really freeing experience.

making the phone call was freeing

32 calling for counselling was a liberating experience

33 Getting it out there and not avoiding it anymore.

speaking problems not avoiding them

33 speaking Vs avoiding

34 I'm going to face it and I'm not going to do it alone.

B is determined to face her problems with her counsellor's company

34 determination to face problems with counsellors help

35 She was really empathic and supportive and so I got a sense of rightness and so O.K. that's out there.

The empathy and support B felt from the intake worker gave B a sense of rightness about counselling and about speaking

35 positive reception provides a sense of rightness about speaking and counselling

36 She said something like,

the intake worker affirmed and

36 experience validated by

<p>"yeah, that's really hard" and so she validated what I was going through</p>	<p>validated B's experience</p>	<p>intake worker</p>
<p>37 and I remember hanging up the phone and just walking and like "Hey, its all over". It was almost completed at that time.</p>	<p>After the call B experienced a sense of completion</p>	<p>37 feeling of completion after calling for counselling</p>
<p>38 It felt completed although I knew I still had work to do and</p>	<p>The process felt complete although B was aware of future work</p>	<p>38 sense of completion lived alongside an awareness of future work</p>
<p>39 from the time that I hung up until the time I actually had my first session I had forgotten about it,</p>	<p>after calling B forgot about the counselling</p>	<p>39 counselling forgotten after calling</p>
<p>40 but then when I got the phone call from my counsellor it was like, "oh my God!" at the time.</p>	<p>when B's counsellor phoned it was a shock</p>	<p>40 the counsellor's call to initiate counselling was a shock</p>
<p>41 I knew I had to go deeper and I knew I would and that was scary too.</p>	<p>B realized she would go deeper into her issues and felt fearful</p>	<p>41 the realization of going deeper into issues was frightening</p>
<p>42 and then I remember saying to her , "I guess it's time. It's kind of scary".</p>	<p>B stated her sense of timeliness and her fear to the counsellor</p>	<p>42 speaks internal experience</p>
<p>43 She was just great and she asked my if I had any questions for her</p>	<p>the counsellor was great and offered to answer questions</p>	<p>43 counsellor's reaction positive and helpful</p>
<p>44 and I said what</p>	<p>B asked about her</p>	<p>44 counsellor's</p>

have your experiences been in counselling	counsellor's personal counselling experience	personal counselling experience queried
45 and she says I have gone through 8 years of my own work	the counsellor declared 8 years of personal work	45 counsellor declares personal counselling experience
46 and that was enough to make me feel really safe and ready and willing to work	the counsellor's declaration made B felt safe, ready and willing to work on her issues	46 counsellor declaration leads to safety and willingness to work
----- (queried on what she did with her problems, what was going on in life while waiting)	-----	----- (life while waiting)
47 That was between November, December and January. I was busy at school	during the waiting period B was busy at school	47 life was busy
48 not like the problem went away but I was just focused on different things and I didn't seem to wallow in my problems	the problem didn't go away but B focused on different things and didn't wallow in her problems	48 problems remained but were not the focus
49 I usually do wallow when its right in my face.	when issues are in B's face she usually wallows in them	49 being overwhelmed by problems a more typical response
50 I can very easily slip into a very depressive state.	B reflects she can easily slip into depression	50 history of depression
51 I was busy with	B was busy with many	51 busy with

<p>school and I remember we had a reading break in there and I had some friends come and visit.</p>	<p>people and things</p>	<p>life</p>
<p>52 I think my parents were away</p>	<p>B's parents were away</p>	<p>52 relief from problem relationship</p>
<p>53 and Christmas time was pretty good. It was just Mom, Dad and myself, which sounds kind of weird because I am talking about them but it wasn't the whole dynamic of the family and I quite enjoyed fewer members around.</p>	<p>B found Christmas with few family members, and family dynamics, enjoyable</p>	<p>53 minimal family dynamics led to an enjoyable holiday</p>
<p>54 Then January started and again a new phase in school.</p>	<p>in January there was a new phase in school</p>	<p>54 new activity in new year</p>
<p>55 So I guess the things I was doing and the happenings in my life sort of kept me away from thinking about the counselling.</p>	<p>B reflects that her scheduled activities and the happenings in her life kept her from thinking about counselling</p>	<p>55 busy life led to not thinking about counselling</p>
<p>56 I really didn't think about it because I knew it was far enough away</p>	<p>B knew the counselling was far enough in the future to not think about</p>	<p>56 counselling was not imminent and did not have to be considered</p>
<p>57 and I looked forward to it, it wasn't like I was afraid of it</p>	<p>B notes she anticipated rather than feared the counselling</p>	<p>57 future counselling was anticipated not feared</p>
<p>58 but I thought, "well, right now</p>	<p>B's attitude was that counselling</p>	<p>58 attitude of dealing with the</p>

nothing is going to happen so business as usual"	wasn't in the present and so she would deal with her life as usual	present while waiting
59 and with the happenings in my life things just kept me thinking about me going through counselling.	the happenings of B's life kept her from thinking about the future counselling	59 busy life kept thoughts of future counselling at bay
60 It was okay to know nothing was going to happen for awhile.	It was all right for B knowing it would be awhile before counselling started	60 the delay was okay
61 I felt better about things from what I can remember.	B felt better about her issues	61 feeling better about issues
62 I felt better that my life was on track and I was able to handle things and	B reflects that the fact that her life was on track and she was handling things well helped her feel better	62 life on track , necessary things being dealt with
63 it didn't seem to be right in my face at that time.	The problem wasn't in B's face	63 problem wasn't pressing
64 I don't know if it was being in the process already and starting to change things on my own or what it was	B ponders reasons why she felt better: She felt in the counselling process already and had begun changing things on her own	64 internal experience that the counselling process had begun and external changes were being made
65 but it just didn't seem to be right there.	whatever the reason, B didn't feel pressed by her issues	65 problems wasn't pressing
66 I can't remember a time when I was really wallowing in	B reflects that she doesn't recall wallowing in her problems	66 did not drop into old pattern of relating to problem

things.

67 I think there was a combination of the happenings in my life and how I was internally

(queried on impetus to call for counselling)

68 I remember watching a video in class on a guy who was an alcoholic and had a temper and he was trying to get back with his wife or something and the whole scene with his drinking

69 and I just remember it really hitting home to my house, to my whole scenario at home

70 and I remember walking out of there like I was drawn back to this place of childhood

71 and of just being trapped into that whole yukky scene

72 and realizing, "yeah, this is how it has been at my house for this many years,

73 and this is how

B reflects that a combination of external events and changed internal experience led to her feeling better

B recalls that a video at school involved an alcoholic, his temper, his relationship with his wife and the whole scene around his drinking

the alcoholic scenario really hit home

leaving the room B was aware of being drawn back to a childhood place

B's childhood experience was of being trapped in a Yukky scene

B realized that the alcoholic scenario was how it had been in her home for many years

B realized the

67 a combination of external events and changed internal experience led to dealing with problems differently

(impetus to call for counselling)

68 video showed an alcoholic, his relationships and related issues

69 the scenario in the video hit personal experience

70 drawn back to a childhood place

71 trapped in a yukky scene

72 realization that the problem had existed for years at home

73 realization

I have felt for this many years,	emotions she was feeling had been present for years	of years of emotional turmoil
74 and acknowledging, the hard part was my earlier years and the pain and the not being able to deal with things - not knowing how to deal with things as a kid.	B acknowledged the pain of her childhood years, of not being able to, or knowing how to, deal with the alcoholic scenario	74 acknowledgment of the pain of childhood
75 I haven't sought counselling for quite a while.	it had been a while since B had sought counselling	75 time had passed since counselling had been sought
76 I don't really talk about these issues,	B doesn't talk about her experience of growing up with an alcoholic father and the alcoholic scene.	76 issues not generally talked about
77 All of a sudden, I was back in this whirl wind of my childhood, family stuff	Suddenly, B found herself back in a whirlwind of childhood and family issues	77 finding self back in childhood experience
78 realizing that this was exactly my scenario	B realized the exactness of fit between her experience and the portrayed alcoholic scenario	78 realization of fit between the problem scenario and personal experience
79 and it was painful to watch and to be there	B found it painful to watch and to be in the alcoholic scenario	79 experienced pain of watching and being with childhood experience
80 and that is when I knew I had to change something and needed to release it.	B realized she had to change something and to release something	80 realization that change and release was needed

81 I had all the pain and the whirlwind of thoughts.	B again experienced all of the pain and whirlwind of thoughts that went with her childhood experience	81 re-experiencing of mental and emotional turmoil
82 It was like this lump in my throat and a tightness in my chest and you know, I felt more of a physical sensation	B experienced physical sensations, a lump in her throat and tightness in her chest	82 physical sensations noticed
83 and it was just like I was back in childhood turmoil. ----- (reflects on waiting period)	B was back in childhood turmoil -----	83 back in childhood turmoil ----- (waiting period)
84 In terms of the happenings in my life then, I remember taking more personal responsibility.	B recalls that during the waiting period, she took more personal responsibility for the happenings in her life	84 more personal responsibility was taken for life events while waiting
85 It seemed like I was either dealing with things differently, either blocking them out, not concentrating on my own life	B reflects that either she was dealing with the issues differently, perhaps blocking them out, or focusing on her own life rather than her issues	85 issues were dealt with differently and current life was focused on
86 and in terms of the whole family dynamics - Dad drinking and Mom getting mad, that wasn't happening as much during that time.	the family dynamics around her father's alcoholism weren't happening as much	86 the problem scenario wasn't as evident
87 At the time I	B reflects that her	87 issues were

called, things were more in my face than later.

issues around her childhood and family experience were in her face more when she called than during the waiting period

more obvious and pressing at time of calling for service than during waiting period

88 I'm not quite clear, it could be just a realization that, "yeah, this is what life's been about, my childhood"

B wonders if merely realizing the impact that living amid the alcoholic scenario had on her life and childhood changed her experience of her issues

88 questioning whether awareness of issues can change experience of them

89 or think probably a bit of both.

b considers it was likely a combination of both external and internal change

89 both internal and external factors influenced changed experience of problem

(queried on physical experience of waiting)

90 I remember going through such shifts where I would feel a lot lighter and a lot freer and then in different, stressful situations, I always feel my body tensing up.

B recalls shifts in her physical experience, sometimes feeling lighter and freer, sometimes feeling stressed and tense

90 physical experience shifted between lightness and freedom, and stress and tension

91 I can't say like I was totally free, like it was a totally freeing experience bodywise for two months, but I remember feeling fairly good during that time.

B wasn't totally free physically, but felt fairly good during the waiting period

91 physically felt good but not totally free

92 I wasn't really thinking about what

during the wait, B didn't think about

92 dealing with life, not

I was going to deal with in counselling but more everyday things, writing papers, catching planes and doing work.

the impending counselling but dealt with everyday life.

thinking of counselling

93 After the intake, it was like Whew! I know I am going to deal with that, now Ill just get on with life until it comes up.

After the intake, B felt relief knowing she would be dealing with her issues in future and for the present she would get on with life.

93 committing to dealing with issues leads to relief and ability to get on with life in interim

(asked to name emotions alluded to earlier)

94 Fear.

Before the intake B felt frightened

94 fear before intake interview

95 It wasn't the first phone call so much, that was really good.

B reflects that her fear was not about the initial phone call, which was a positive experience

95 fear existed despite positive experience of first phone call

96 There was anxiety. During that week, anxiety and fear and apprehension. Excitedness, a bit of excitedness.

During the week between her initial phone call and the intake, B felt anxious, fearful, apprehensive and a bit excited

96 weltering in emotions before the intake interview

97 I remember getting a letter from the counselling centre and it was like, "this is really happening".

B received a letter from the counselling centre which made the fact of the counselling real

97 receiving letter concretizes the fact of counselling

98 It is weird to think about it because I had been through about 5

B had difficulty understanding why she felt such trepidation about

98 trepidation facing counselling despite previous

years of counselling 5 years prior to this and I remember it being a really good experience.

counselling when she'd been before and had a positive experience

positive experience

99 But this time around it was different.

this time her experience of impending counselling was different

99 a different experience of impending counselling

100 Thinking, "now I'm going to get to the bottom of this and its going to be game over, fixed for life! No more after 12 sessions, this is it!"

B reflects that the difference lay in her expectation for counselling, that this time she would get to the bottom of issues and be fixed.

100 large expectations for counselling and self; this would be the final fix

101 Now I feel like its going to be a life long process.

B has shifted in her attitude and now believes that getting fixed will be a lifelong process

101 change in belief about healing process, now seen as life long

102 There was anxiety about dealing with things.

Before the intake interview b was anxious at the prospect of dealing with her issues

102 Anxiety at the prospect of dealing with issues

103 Anxiety about my counsellor,

B was anxious about who and how her counsellor might be

103 anxiety about unknown counsellor

104 anxiety mainly though, about facing things head on but knowing that's what I needed to do

the main source of B's anxiety was her determination to face her issues, even though she knew that is what she needed to do

104 anxiety and determination to face issues

105 Like, "I know

B acknowledged her

105 anxiety

I'm going to feel this, but I know its not a bad thing, that anxiety", but I still am feeling that.

anxiety and took the attitude that yes she would feel anxiety, but that her anxiety was not a bad thing

acknowledged and accepted as part of process

106 The fear was, the fear of just telling somebody, just letting it out, scared of what will come out and how the person will receive it.

B reflects that her fear was about speaking her life's experience; being frightened of how it would come out and of how the interviewer would receive it.

106 fear of speaking issues and of reception by other

107 I look at it like a little turtle coming out of his shell for the first time in 20 years and what's that going to be like; what's it going to be like to talk about this?

B offers the analogy of a turtle coming out of its shell for the first time in 20years, and all that is unknown to it, as context for her fear about the impending intake interview.

107 speaking about issues is full of unknowns

108 I should have drawn it purple, I was looking at my picture before session and I was thinking how real that is and how that is so me

B reflects on her picture of the waiting experience and thinks how well the image captures her experience and herself

108 image captures both self and felt experience

109 - , the groundedness the path of life and the obstacles and moving through the stumbling, stumbling and the rainbow on top, the sense of hope...the essential elements of me.

the picture contains B's view of the path of life, with its many obstacles that she deals with as best she can, and the presence of the rainbow of hope. These are also B's essential elements

109 picture contains essential elements of self: groundedness, life path, obstacles, moving through, and hope

110 Last night in my dream, I woke up in the middle of the night, calling it Rainbow.

awakening from dream in the middle of the night before this interview the title "Rainbow" came to B

110 the unconscious offers the title Rainbow

111 You asked for a title. It came to me because when I told you the story of the fish going through the deep dark ocean and I was thinking "Fishy". Then I thought of the fish that my nephew had at one time and he called it Rainbow, and with the rainbow in the picture...which is very symbolic for me.

B reflects on this interviewer's request for a title and story for the image. B recalls she told the story of a fish swimming in the deep dark ocean and had been pondering the title "Fishy". B recalled her nephew's fish named Rainbow. Putting the fish in the story together with her nephew's fish and the important symbol of the rainbow in the picture, "Rainbow" came

111 story, image, and symbol combine in the title

112 So in this picture, Rainbow is both the hope and the fish. Its has a double identity.

the title "Rainbow" represents both the hope and the fish protagonist, it possesses a dual identity

112 duality: both hope and the protagonist are represented in the title

(queried is there anything else she'd like the researcher to know about this time)

(anything else?)

113 I look at a real dichotomy between moving through and fear.

B reflects the waiting experience held a dichotomy, moving through and fear

113 waiting involved a dichotomy of moving through and fear

114 There is like

114 awareness of

both sides, wanting the groundedness, the pathway going through, but also when I stopped and thought about what I was going to do, there is also that apprehension and fear of talking to somebody.

115 One part of the dichotomy is the forward movement and the other is knowing there would be apprehension and fear as stumbling blocks, and moving through those.

(queried on meaning of the waiting experience)

116 It helped me to come to the realization that, "Yeah, there's going to be two sides to the coin"

117 There is going to be this progress, this flowing through of things, and yet there is always going to be those stumbling blocks and defense mechanisms and coping skills.

118 They may be negative, like wallowing, but there is also that

B was aware of the duality: the groundedness of her path of going through her issues and the fear and apprehension she felt when she thought about facing her issues, talking about them.

B articulates the two pieces: 1) the forward movement 2) the knowledge fear, apprehension and stumbling blocks to be dealt with

B reflects that waiting for counselling helped her realize the dichotomy

B articulates the dichotomy as 1) the flowing through things 2) the stumbling blocks, defense mechanisms and coping strategies

B reflects that while the habits of coping may be negative, like her

and desire for the healing path exists with apprehension and fear of walking it

115 dichotomy of forward movement existing with fear and stumbling blocks

116 waiting allowed time to realize the dichotomy

117 dichotomy consists of forward movement and impediments to forward movement

118 despite negative coping strategies forward movement

moving through as
part of the
process,

wallowing, the
forward movement
remains as part of
the process.

remains

118a) and I needed
to realize that at
the time.

B reflects she
needed to come to
this realization at
the time she called
for counselling

118a realization
of dichotomy
required by self

119 There was both
the moving through
of the process and
there are fear and
stumbling blocks as
well.

B's realization is
that forward
movement, moving
through, is ongoing
even while fear and
stumbling blocks
exist

119 forward
movement
continues while
impediments exist

(queried on current
wait list
experience)

(current waiting
experience)

120 Same thing.

current waiting
experience is
similar

120 Current
waiting
experience is
similar to last

121 I know what I
want to talk about,
and just knowing
that I need to stay
with myself, within
myself and work
through things my
way,

B knows what she
wants to talk about
and that she needs
to stay true to
herself, in touch
with herself and to
work through issues
in her own way

121 awareness of
issues and need
to stay true to
self

123 and yet
knowing there are
stumbling blocks,
road blocks but
just be myself and
to not let go of
that, of who I am,
and not let all the
stuff around me
affect my own
being.

B also knows she
will face stumbling
blocks to her
progress but that
its important she
remain true to
herself and not
allow herself to be
affected by external
events

123 awareness
that there will
be impediments
and external
pressure and of
the necessity of
staying true to
self

124 Its more
difficult to accept
the roadblocks, and

B notes she has
difficulty accepting

124 ponders
acceptance and
the search for
meaning of life
impediments as

maybe that's what I need to work on, and accept the meaning and facing them.

125 Moving that mountain just a fraction of a centimeter after a big storm.

 (asked to contact current, physical experience of waiting for counselling)

126 There is a butterfly in my stomach but a sense of serenity as well.

127 The serenity is throughout my body.

128 The emotions with the butterfly...fear.

129 Fear of the unknown. Fear of not being true to myself in the waiting.

130 I might not be proactive. I might react and go into my shell and not

the impediments to her progress and wonders if that is what she needs to work on, to accept the roadblocks and find their meaning

B reflects that accepting the roadblocks, finding their meaning, may be tantamount to the storm which moves a mountain by a fraction

B's physical experience includes a butterfly in the stomach and a sense of serenity

B's sense of serenity is felt throughout her body

B reports that the butterfly in her stomach is related to fear

B fears the unknown and that she will not remain true to herself while she waits

B offers examples of how she might not be true to herself: she may not be proactive in dealing with issues; she may

the next step on the healing path

125 acceptance and the search for meaning of impediments may affect healing process, as a storm moves a mountain by a fraction

 (current physical experience of waiting)

126 physical experience is of a butterfly in the stomach and a sense of serenity

127 serenity is felt throughout the body

128 butterfly in stomach is the physical expression of fear

129 fear of the unknown and of not remaining true to self

130 awareness of examples of not being true to self

see what I'm thinking;, or not trying to say things in a way that's not really hurtful.

131 What I see is not standing up for myself, not doing what I need to do.

132 The serenity, is a feeling that I feel safe, and safe to say whatever I want to say even though its yelling or crying or screaming.

133 That's what's important for me to do is to say that this is not okay or this is how I am feeling in this situation.

134 That's a real important part of who I am is to be able to say whatever is bothering me and it doesn't mean anyone has to do anything with that. It doesn't matter.

(queried on the meaning of this waiting period)

135 To take what I learned in the last wait, there is

retreat into her shell and lose awareness of her thinking and behaviour

B fears not standing up for herself and doing what she needs to do to be true to herself

B's feeling of serenity reflects the safety she feels in saying whatever she needs to say in counselling, even it if involves yelling, crying or screaming

the important thing to B is that she is able to express herself, to set limits and state her feelings

B reflects that speaking about what is bothering her is an important part of herself. Further, it is her speaking that matters, not that the other changes.

B believes that this waiting period is present in her life to apply what she learned in the last waiting period, and

131 remaining true to self paramount concern

132 serenity arises from the safety speak personal truth

133 self expression paramount

134 expressing self an important part of self, regardless of reaction

(meaning of current wait)

135 waiting about applying past lessons and being open to new learning

136 new learning may involve

always lots of learning in waiting.

136 Maybe its about patience, maybe it's to keep in mind moving through stumbling blocks. Accepting those as part of the process of life.

137 Through this I have come to a greater realization that this could be, should be, thinking about what the waiting period is all about.

138 What am I feeling and what do I need to know during this time?

139 Again, it goes back to acceptance of the good and the bad.

140 I don't really feel I'm coping the best I could.

141 I am not really facing things, sort of avoiding them, running away from

that she stay open to the learning during waiting

B ponders the possible learning in this wait: the lesson of patience; keeping the moving through stumbling blocks in mind; or perhaps accepting those blocks as part of the process of life

through this waiting period B has grown in awareness of the learning possible in the waiting

B's reflects she needs to maintain her awareness of her emotions and of what she needs to know during the wait

B reflects that the learning is once more about accepting the good with the bad

B reflects she doesn't think she is coping as well as she might

B finds she is not facing problems but tends to be avoiding by not being home much

B realizes that

patience, awareness of forward movement or acceptance of impediments to movement

137 realization of the learning possible in waiting

138 need to maintain awareness of emotions and knowledge requirements

139 realization that the learning is about accepting the good with the bad

140 current coping not optimum

141 old pattern evident

142 realization that growth will occur internally, not externally

143 need to speak personal truth and accept

them, not being
around home much.

142 I mean, at the
same time I am
never going to
solve anything but
in myself.

143 What I need to
do is just say my
piece, just say it,
and whatever they
do, deal with it.

(anything else?)

144 The
waiting...you could
just say putting it
in a container,
just containing for
awhile then letting
it out.

145 And to look at
what meaning does
it have for me
right now in my
life - the waiting
period,

146 What can I do
to move on with the
process and that's
in terms of voicing
my concerns.

147 This interview
has been helpful to
think about it.

(queried on
preference, shorter

solving her problems
will happen
internally, not
externally

Externally, B
realizes she needs
to speak her truth
and accept the
consequences

B reflects that the
waiting period was
like putting her
issues in a
container for a
while and then
letting them out

B reflects that the
waiting period was
also about looking
for the meaning of
the wait at this
time in her life

B realizes she can
move forward with
her own healing
process while
waiting by giving
voice to her
concerns

B reflects the
interview process
has been helpful in
thinking about the
meaning of the wait

consequences

(anything else?)

144 waiting was
like putting
issues in a
container for a
time and then
letting them out

145 waiting was
also about
searching for its
meaning to
continue personal
growth

146 self
expression can
advance personal
process while
waiting

147 interview
process helpful
to reflect on
waiting
experience

(shorter wait,
fewer sessions
desirable or
not?)

148 emotional
pain and sense of
urgency lead to
desire for
immediate

wait for fewer sessions or keep wait, more sessions)

148 I would have preferred less wait. At the time I went in, I was really hurting. I felt I needed someone to talk to immediately.

149 After the intake I was left sort of vulnerable and wanting more time to talk about what I was going through.

150 Depending on the counsellor, I would have appreciated knowing that I wasn't alone.

151 I would have benefited from even an hour after that.

152 It had also been a long time since I had been to see a counsellor, about 5 years. I was ready and they weren't.

(queried on current wait, shorter wait/fewer sessions option)

150 Depending on

At the time B first called she was in a lot of pain. She felt she needed to talk to someone immediately and would have preferred less wait even if it meant fewer sessions

B recalls how vulnerable she felt after the intake and how much she wanted to continue speaking about what she was going through

It would have helped B to have a counsellor then so she would know she wasn't alone

Even an extra hour of time with a counsellor would have been helpful

B reflects that it had been 5 years since she had last had counselling. When she called for counselling she was ready for it, but the counselling agency wasn't

B reflects that the

counselling, even at the cost of fewer sessions

149 feeling vulnerable and open after the intake interview led to desire to continue process

150 not having to deal with issues alone would have been helpful

151 as little as one more hour would have been beneficial

152 sense of readiness to deal with issue met with unavailability of service

(current wait: shorter wait fewer sessions option)

150 not having to

the counsellor, I would have appreciated knowing I wasn't alone

right counsellor could have helped know she wasn't alone

deal with issues alone would have been helpful

151 I would have benefitted from even an hour after that

As little as one more hour would have been helpful during her second wait period, b was at a point in her healing that the wait didn't really matter

152 It had been a long time since I had been to see a counsellor, about 5 years. I was ready and they weren't

B reflects that it had been 5 years since she had last had counselling. When she called for counselling, she was ready for it, but the agency wasn't.

152 readiness to deal with issue met with unavailability of service

153 I was at that point that it didn't really matter

During her second wait, B was at a point in her process where the wait did not matter

153 the wait didn't really matter the second time

154 I wasn't in angst like I was the first time

B reflects she was not in as much distress as the first time she called the centre for counselling

154 there was not the same degree of distress

155 I was patiently waiting.

B was patiently waiting

155 less distress led to being able to wait patiently

156 It didn't matter.

The wait didn't matter

156 the second wait didn't matter

157 I would have

nevertheless, if B

157 the option

<p>taken the option if it had been offered</p>	<p>had been given the option of a shorter wait and fewer sessions, she would have taken it</p>	<p>of a shorter wait and less sessions would have been chosen</p>
<p>158 because once you make the decision to call, part of the process is started</p>	<p>For B, once she calls for counselling, the process is begun</p>	<p>158 with the first phone call, the counselling process is begun</p>
<p>159 I was ready to start. I would have been ready to start sooner. I already had really.</p>	<p>having called, B was ready to begin, indeed had begun</p>	<p>159 ready to start counselling from the time of first phone call. Changes already begun</p>
<p>160 Once the process is started its good to keep going with it, rather than having it interrupted by the wait</p>	<p>B finds that its better to continue following the process once its begun, rather than interrupt it by waiting</p>	<p>160 waiting interrupts the process</p>
<p>queried on attitude to agency after II</p>		
<p>161 Well, I knew people who worked at the agency. And I knew they were good people and it'. I talked to friends who validated my experience. And the first phone call was good. I mean she was really good.</p>		

B Grouped meaning units

Individual CharacteristicsThe Individual

VA19 I started a practicum and didn't like it and feeling all these insecurities and everything was coming up again

VA21 A lot of these insecurities came up again at that point. I started thinking again about the counselling and thinking I want to be more comfortable with myself in those social situations where I don't know anybody. I wanna just look at that more closely, what that's about.

VA31 I always look at life as hope. Despite where I was, and going through my process, not feeling comfortable, I try to look at my...what I do have, the gifts I do have, and what I do have going for me and look at it with self compassion...at myself with self compassion.

S1 Once upon a time there was a fish, and this fish was very innocent.

S2 it got into the big bad ocean and there's lots of life in there, and lots of things going on, sharks, whales, algae, kelp, all kinds of stuff in there.

S3 This fish got scared and it tried to run away.

S4 It kept running and running and running and running and it couldn't get out!

107 I look at it like a little turtle coming out of his shell for the first time in 20 years and what's that going to be like; what's it going to be like to talk about this?

108 I should have drawn it purple, I was looking at my picture before session and I was thinking how real that is and how that is so me

109 - , the groundedness the path of life and the obstacles and moving through the stumbling, stumbling and the rainbow on top, the sense of hope...the essential elements of me.

111 You asked for a title. It came to me because when I told you the story of the fish going through the deep dark ocean and I was thinking "Fishy". Then I thought of the fish that my nephew had at one time and he called it Rainbow, and with the rainbow in the picture...which is very symbolic for me.

112 So in this picture, Rainbow is both the hope and the fish. Its has a double identity.

Experience With The Problem

49 I usually do wallow when its right in my face.

50 I can very easily slip into a very depressive state.

68 I remember watching a video in class on a guy who was an alcoholic and had a temper and he was trying to get back with his wife or something and the whole scene with his drinking

69 and I just remember it really hitting home to my house, to my whole scenario at home

70 and I remember walking out of there like I was drawn back to this place of childhood

71 and of just being trapped into that whole yoke scene

72 and realizing, "yeah, this is how it has been at my house for this many years,

73 and this is how I have felt for this many years,

74 and acknowledging, the hard part was my earlier years and the pain and the not being able to deal with things - not knowing how to deal with things as a kid.

75 I haven't sought counselling for quite a while.

77 All of a sudden, I was back in this whirl wind of my childhood, family stuff

78 realizing that this was exactly my scenario

79 and it was painful to watch and to be there

80 and that is when I knew I had to change something and needed to release it.

81 I had all the pain and the whirlwind of thoughts.

82 It was like this lump in my throat and a tightness in my chest and you know, I felt more of a physical sensation

83 and it was just like I was back in childhood turmoil.

86 and in terms of the whole family dynamics - Dad drinking and Mom getting mad, that wasn't happening as much during that time.

98 It is weird to think about it because I had been through about 5 years of counselling 5 years prior to this and I remember it being a really good experience.

99 But this time around it was different.

101 Now I feel like its going to be a life long process.

Context: Life Structure

VA19 I started a practicum and didn't like it and feeling all these insecurities and everything was coming up again.

47 That was between November, December and January. I was busy at school.

48 Not like the problem went away but I was just focused on different things and I didn't seem to wallow in my problems.

51 I was busy with school and I remember we had a reading break in there and I had some friends come to visit

52 I think my parents were away

53 and Christmas time was pretty good. It was just Mom, Dad and myself, which sounds kind of weird because I am talking about them but it wasn't the whole dynamic of the family and I quite enjoyed fewer members around.

54 Then January started and again a new phase in school

55 so I guess the things I was doing and the happenings in my life sort of kept me away from thinking about the counselling

59 and with the happenings in my life just kept me from thinking about me going through counselling

63 It didn't seem to be right in my face at that time

65 but it just didn't seem to be right there

67 I think there was a combination of the happenings in my life and how I was internally

86 and in terms of the whole family dynamics - Dad drinking and Mom getting mad, that wasn't happening as much during that time.

87 At the time I called, things were more in my face than later.

91 I can't say like I was totally free, like it was a totally freeing experience bodywise for two months, but I remember feeling fairly good during that time.

92 I wasn't really thinking about what I was going to deal with in counselling but more everyday things, writing papers, catching planes and doing work.

Calling for Counselling

Acting on the Desire for a Better Life

26 Well, from the time that I hung up the phone was like I had done it.

27 I had begun facing what I needed to face and it was out there, it was open

28 it was something that I wasn't going to go through
alone.

29 I had thought about it for awhile, you know, phoning,
and being a client here

30 and once I had done it and said what I needed to say
over the phone

31 and the lady over the phone was really, really nice and
very empathic and understanding

32 and it was just a really freeing experience.

33 Getting it out there and not avoiding it anymore.

34 I'm going to face it and I'm not going to do it alone.

35 She was really empathic and supportive and so I got a
sense of rightness and so O.K. that's out there.

36 She said something like, "yeah, that's really hard" and
so she validated what I was going through

37 and I remember hanging up the phone and just walking and
like "Hey, its all over". It was almost completed at that
time.

38 It felt completed although I knew I still had work to do
and

80 and that is when I knew I had to change something and
needed to release it.

81 I had all the pain and the whirlwind of thoughts.

82 It was like this lump in my throat and a tightness in my
chest and you know, I felt more of a physical sensation

83 and it was just like I was back in childhood turmoil.

Change is Ongoing

VA16 At that point I was looking at the situation I was
going through with more compassion, more sort of self
compassion, rather than beating myself up.

9 It settled in a different spot.

10 I'll use the analogy of shaking a glass of water with
sand - the sand settling in different spots and its a better
spot.

11 It might not be a complete perfect sand castle, but I
look at that as part of the process, you know.

12 Working through the things is sort of hitting, you know,
facing them, and by doing that things are going to come out
differently.

13 The outcome, I'll feel differently after I have faced
things head on.

14 And the different will be better.

15 I felt different in my body, I felt like a load had been
lifted off me.

16 I felt that I wasn't carrying as much weight,

17 In my relationships with my parents was more...I just accepted things more with them rather than trying to change them.

18 I had talked a lot about my parents and my relationships with my parents in the intake and my father had been an alcoholic, and I just looked at them differently.

19 Even though I wasn't able to talk to my Mom and Dad about it so much, but being able to talk to somebody else about it, rather than saying nothing about it to anybody.

20 Avoidance is a powerful reinforcer.

48 not like the problem went away but I was just focused on different things and I didn't seem to wallow in my problems

49 I usually do wallow when its right in my face.

50 I can very easily slip into a very depressive state.

63 it didn't seem to be right in my face at that time.

64 I don't know if it was being in the process already and starting to change things on my own or what it was

65 but it just didn't seem to be right there.

66 I can't remember a time when I was really wallowing in things.

67 I think there was a combination of the happenings in my life and how I was internally

84 In terms of the happenings in my life then, I remember taking more personal responsibility.

85 It seemed like I was either dealing with things differently, either blocking them out, not concentrating on my own life

88 I'm not quite clear, it could be just a realization that, "yeah, this is what life's been about, my childhood"

89 or think probably a bit of both.

130 I might not be proactive. I might react and go into my shell and not see what I'm thinking;, or not trying to say things in a way that's not really hurtful.

131 What I see is not standing up for myself, not doing what I need to do.

134 That's a real important part of who I am is to be able to say whatever is bothering me and it doesn't mean anyone has to do anything with that. It doesn't matter

Hope

VA21 A lot of these insecurities came up again at that point. I started thinking again about the counselling and

thinking I want to be more comfortable with myself in those social situations where I don't know anybody. I wanna just look at that more closely, what that's about.

VA31 I always look at life as hope. Despite where I was, and going through my process, not feeling comfortable, I try to look at my...what I do have...the gifts I do have, and what I do have going for me and look at it with self compassion, at myself with self compassion.

VA32 That's where the rainbow comes in. That sense of hope. It goes back to the bottom, to the fear and all that. So I put that over top of all that even though there still is that fear.

12 Working through the things is sort of hitting, you know, facing them, and by doing that things are going to come out differently.

13 The outcome, I'll feel differently after I have faced things head on.

14 And the different will be better.

34 I'm going to face it and I'm not going to do it alone.

57 and I looked forward to it, it wasn't like I was afraid of it

109 the groundedness the path of life and the obstacles and moving through the stumbling, stumbling and the rainbow on top, the sense of hope...the essential elements of me.

112 So in this picture, Rainbow is both the hope and the fish. Its has a double identity.

The Intake Interview

VA3 Blah! This is everything I have and I have never done that before. It was out there and it was done and I felt quite raw after.

VA4 The fear is coming up to letting it out. In the moment to be letting it out was very emotional...not a good feeling because I didn't feel well received on the other end. So that was a bit scary too.

VA5 I knew what I wanted to do and I did it, but I didn't feel really accepted...listened to.

VA10 It was because of that I was able to focus a lot more on my life and on me rather than what I was thinking about it.

1 The last time it was from the minute I had my intake interview that I was complete with that.

2 It was almost like it was like I just went Blah!, and then it was enough to carry me through for another couple of months.

4 I did have what I wanted to work on but that it was out there in the open, I had let it out was a healing experience for me.

5 At the time I didn't feel like talking about it after the interview.

6 I remember driving out of there and meeting a girlfriend and just not needing to even talk about it because it was just so emotional,

7 but after a couple of days, when it sort of settled in and I accepted some of what I had said, it felt good.

8 It felt a little too raw to talk about for a couple of days, then it settled

9 It settled in a different spot.

10 I'll use the analogy of shaking a glass of water with sand - the sand settling in different spots and its a better spot.

11 It might not be a complete perfect sand castle, but I look at that as part of the process, you know.

12 Working through the things is sort of hitting, you know, facing them, and by doing that things are going to come out differently.

15 I felt different in my body, I felt like a load had been lifted off me.

16 I felt that I wasn't carrying as much weight,

17 In my relationships with my parents was more...I just accepted things more with them rather than trying to change them.

18 I had talked a lot about my parents and my relationships with my parents in the intake and my father had been an alcoholic, and I just looked at them differently.

19 Even though I wasn't able to talk to my Mom and Dad about it so much, but being able to talk to somebody else about it, rather than saying nothing about it to anybody.

20 Avoidance is a powerful reinforcer.

21 It was a significant intake.

22 I remember it was pretty much internal, because I didn't feel really accepted by the intake person.

23 I needed to say what I had to say and I did and I didn't need her to do anything with it.

24 It probably took me a little time after to actually realize the benefits of it because at the time I just felt very raw after, you know.

25 A couple of days later I looked at how healing it was.

93 After the intake, it was like Whew! I know I am going to deal with that, now I'll just get on with life until it comes up.

149 After the intake I was left sort of vulnerable and wanting more time to talk about what I was going through.

No Man's Land

Coping With Cognition and Behaviour

VA2 It's safer to stay back. That's been my coping mechanism. Stay back. Don't get involved. Stuff your emotions, keep busy, get on with life.

VA21 A lot of these insecurities came up again at that point. I started thinking again about the counselling and thinking I want to be more comfortable with myself in those social situations where I don't know anybody. I wanna just look at that more closely, what that's about.

3 Although it was still in the back of my mind I guess.

17 In my relationships with my parents was more...I just accepted things more with them rather than trying to change them.

34 I'm going to face it and I'm not going to do it alone.

39 from the time that I hung up until the time I actually had my first session I had forgotten about it,

47 That was between November, December and January. I was busy at school

51 I was busy with school and I remember we had a reading break in there and I had some friends come and visit.

54 Then January started and again a new phase in school.

55 So I guess the things I was doing and the happenings in my life sort of kept me away from thinking about the counselling.

56 I really didn't think about it because I knew it was far enough away

57 and I looked forward to it, it wasn't like I was afraid of it

58 but I thought, "well, right now nothing is going to happen so business as usual"

59 and with the happenings in my life things just kept me thinking about me going through counselling.

60 It was okay to know nothing was going to happen for awhile.

61 I felt better about things from what I can remember.

62 I felt better that my life was on track and I was able to handle things

76 I don't really talk about these issues

84 In terms of the happenings in my life then, I remember taking more personal responsibility

85 It seemed like I was either dealing with things differently, either blocking them out, not concentrating on my own life

88 I'm not quite clear, it could be just a realization that, "yeah, this is what life's been about, my childhood"
89 or think probably a bit of both

92 I wasn't really thinking about what I was going to deal with in counselling but more everyday things, writing papers, catching planes and doing work

100 Thinking, "now I'm going to get to the bottom of this and its going to be game over, fixed for life! No more after 12 sessions, this is it!"

121 I know what I want to talk about, and just knowing that I need to stay with myself, within myself and work through things my way,

123 and yet knowing there are stumbling blocks, road blocks but just be myself and to not let go of that, of who I am, and not let all the stuff around me affect my own being.

124 Its more difficult to accept the roadblocks, and maybe that's what I need to work on, and accept the meaning and facing them.

125 Moving that mountain just a fraction of a centimeter after a big storm.

140 I don't really feel I'm coping the best I could.

141 I am not really facing things, sort of avoiding them, running away from them, not being around home much.142 I mean, at the same time I am never going to solve anything but in myself.

143 What I need to do is just say my piece, just say it, and whatever they do, deal with it.

144 The waiting...you could just say putting it in a container, just containing for awhile then letting it out.

Meaning Ascribed

VA35As I was shading it in I was thinking about the process I go through and sometimes how it's very painful and yet there's always stuff that's there. So within the pain there can be groundedness and it's solid in there. But knowing that, um, there can be many good things happen within the process of feeling that pain.

S15 The moral of the story is to not try and change who I am. Stay with who I am and work with it and go through life with just who I am

12 Working through the things is sort of hitting, you know, facing them, and by doing that things are going to come out differently.

13 The outcome, I'll feel differently after I have faced things head on.

14 And the different will be better.

67 I think there was a combination of the things happening in my life and how I was internally

112 So in this picture, Rainbow is both the hope and the fish. Its has a double identity

113 I look at a real dichotomy between moving through and fear.

114 There is like both sides, wanting the groundedness, the pathway going through, but also when I stopped and thought about what I was going to do, there is also that apprehension and fear of talking to somebody

115 One part of the dichotomy is the forward movement and the other is knowing there would be apprehension and fear as stumbling blocks, and moving through those.

116 It helped me to come to the realization that, "Yeah, there's going to be two sides to the coin"

117 There is going to be this progress, this flowing through of things, and yet there is always going to be those stumbling blocks and defense mechanisms and coping skills.

118 They may be negative, like wallowing, but there is also that moving through as part of the process,

118a) and I needed to realize that at the time.

119 There was both the moving through of the process and there are fear and stumbling blocks as well.

121 I know what I want to talk about, and just knowing that I need to stay with myself, within myself and work through things my way,

123 and yet knowing there are stumbling blocks, road blocks but just be myself and to not let go of that, of who I am, and not let all the stuff around me affect my own being.

129 Fear of the unknown. Fear of not being true to myself in the waiting

130 I might not be proactive. I might react and go into my shell and not see what I'm thinking;, or not trying to say things in a way that's not really hurtful.

131 What I see is not standing up for myself, not doing what I need to do.

133 That's what's important for me to do is to say that this is not okay or this is how I am feeling in this situation.

134 That's a real important part of who I am is to be able to say whatever is bothering me and it doesn't mean anyone has to do anything with that. It doesn't matter

135 To take what I learned in the last wait, there is always lots of learning in waiting.

136 Maybe its about patience, maybe it's to keep in mind moving through stumbling blocks. Accepting those as part of the process of life.

137 Through this I have come to a greater realization that this could be, should be, thinking about what the waiting period is all about.

138 What am I feeling and what do I need to know during this time?

139 Again, it goes back to acceptance of the good and the bad.

144 The waiting...you could just say putting it in a container, just containing for awhile then letting it out.

145 And to look at what meaning does it have for me right now in my life - the waiting period,

146 What can I do to move on with the process and that's in terms of voicing my concerns

147 This interview has been helpful to think about it.

149 After the intake I was left sort of vulnerable and wanting more time to talk about what I was going through.

150 Depending on the counsellor, I would have appreciated knowing that I wasn't alone.

157 I would have taken the option if it had been offered

158 because once you make the decision to call, part of

the process is started

159 I was ready to start. I would have been ready to start sooner. I already had really

160 Once the process is started its good to keep going with it, rather than having it interrupted by the wait

Duality

VA32 That's where the rainbow comes in. That sense of hope. It goes back to the bottom, to the fear and all that. So I put that over top of all that even though there still is that fear.

90 I remember going through such shifts where I would feel a lot lighter and a lot freer and then in different, stressful situations, I always feel my body tensing up.

111 You asked for a title. It came to me because when I told you the story of the fish going through the deep dark ocean and I was thinking "Fishy". Then I thought of the fish that my nephew had at one time and he called it Rainbow, and with the rainbow in the picture...which is very symbolic for me.

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115 One part of the dichotomy is the forward movement and the other is knowing there would be apprehension and fear as stumbling blocks, and moving through those.

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121 I know what I want to talk about, and just knowing that I need to stay with myself, within myself and work through things my way,

123 and yet knowing there are stumbling blocks, road blocks but just be myself and to not let go of that, of who I am, and not let all the stuff around me affect my own being.

Emotionality

VA19 I started a practicum and didn't like it and feeling all these insecurities and everything was coming up again.

6 I remember driving out of there and meeting a girlfriend and just not needing to even talk about it because it was just so emotional

8 it felt a little too raw to talk about for a couple of days, then it settled

24 It probably took me a little time after to actually realize the benefits of it because at the time I just felt very raw, you know.

94 Fear

95 It wasn't the first phone call so much, that was really good

96 There was anxiety. During that week, anxiety and fear and apprehension. Excitedness, a bit of excitedness.

127 The serenity is throughout my body.

128 The emotions with the butterfly...fear.

129 Fear of the unknown. Fear of not being true to myself in the waiting.

132 The serenity, is a feeling that I feel safe, and safe to say whatever I want to say even though its yelling or crying or screaming.

144 The waiting...you could just say putting it in a container, just containing for a while then letting it out.

148 I would have preferred less wait. At the time I went in, I was really hurting. I felt I needed someone to talk to immediately.

149 After the intake I was left sort of vulnerable and wanting more time to talk about what I was going through.

Anxiety Re Future Counselling

40 but then when I got the phone call from my counsellor it was like, "oh my God!" at the time.

41 I knew I had to go deeper and I knew I would and that
was scary too.
42 and then I remember saying to her , "I guess it's time.
It's kind of scary".
43 She was just great and she asked my if I had any
questions for her
44 and I said what have your experiences been in
counselling
45 and she says I have gone through 8 years of my own work
46 and that was enough to make me feel really safe and
ready and willing to work

99 But this time around was different
100 Thinking, "now I'm going to get to the bottom of this
and its going to be game over, fixed for life! No more
after 12 sessions, this is it!"
101 Now I feel like its going to be a life long process
102 There was anxiety about dealing with things.
103 Anxiety about my counsellor,
104 anxiety mainly though, about facing things head on but
knowing that's what I needed to do
105 Like, "I know I'm going to feel this, but I know its
not a bad thing, that anxiety", but I still am feeling that.
106 The fear was, the fear of just telling somebody, just
letting it out, scared of what will come out and how the
person will receive it.
107 I look at it like a little turtle coming out of his
shell for the first time in 20 years and what's that going
to be like? What's it going to be like to talk about this?

114 There is like both sides, wanting the groundedness, the
pathway going through, but also when I stopped and thought
about what I was going to do, there is also that
apprehension and fear of talking to somebody

115 One part of the dichotomy is the forward movement and
the other is knowing there would be apprehension and fear as
stumbling blocks, and moving through those.

Grouped Meaning Units of B's Final Analysis

The Structure of the Experience of Waiting for Counselling

Initiating Change: Taking Action Toward a Better Life

Calling for counselling is an act of self empowerment.
26-38, 80-83, 95, 97

Hope is allowed, affirmed and reinforced.

VA31, VA32, 12-14, 26-34, 57, 100, 101, 109, 112, 114,
150

Self empowerment enacted: Change is ongoing.

VA16, 9-20, 48-50, 63-67, 85, 88, 89, 130, 134

Sign of the Process: The Intake Interview

VA3-VA5, VA10, 1-12, 15-25, 93, 149, 161

Dwelling in Waiting: No Man's Land

Coping with cognition and behaviour.

Behaviour: VA2, 47, 51, 54, 55, 59, 76, 84, 85, 92,
140, 141

Cognition: VA2, VA21, 3, 17, 34, 39, 55-62, 85, 88, 89,
92, 100, 111-115, 121, 123-125, 140, 142-144

Meaning Making is Employed: VA35, S15, 12-14, 67, 112-
119, 121, 123, 129-131, 133-139, 144-147, 149, 150, 157-160

Duality of experience and fluctuating emotions.

Duality of experience: VA32, 111-119, 121, 123

Fluctuating emotions: VA19, VA32, 6, 8, 24, 94-96, 127-
129, 132, 144, 148, 149

Anxiety about the future counselling.

40-46, 99-107, 114, 115

The Quality of the Waiting Experience

Waiting is Subjectively Experienced

Individual characteristics of the person and the
problem.

VA19, VA21, VA31, S1-S4, 49, 50, 68-75, 77-83, 86, 98,
99, 107-109, 111, 112

The context of the wait: Life events impact lived
experience.

VA19, 47, 48, 51-55, 59, 63, 67, 86, 87, 91, 92

The Option of Less Wait and Fewer Sessions of Counselling

148-161

Appendix 3: Responses to the Option of Less Wait With Fewer Counselling Sessions

Participants weighed a number of variables in arriving at their decision on the option of less wait with fewer counselling sessions. Of the four participants, three would not have taken this option. The one participant who would have chosen it, B, was the only one to consider acuteness of distress. It is worth noting that the factors deliberated by B were mutually exclusive. B did not consider any of the variables advanced by the willing to wait co-researchers. Nor did the willing to wait participants deliberate B's variables.

The items considered by the co-researchers will be discussed under the headings: characteristics of the individual; characteristics of the problem; and process. For ease of comparison a summary will outline the factors weighed by the willing to wait, and unwilling to wait participants.

Characteristics of the Individual

S and T took their personal natures regarding relationship into account. Both stated it takes them a long time to feel safe in a relationship and didn't think this could be accomplished in a short time frame (S, 70, 72, 73; T, 255). Another personal characteristic considered by T

was her way of being in counselling, (I know I'm difficult, 253) which precluded very brief therapy. R considered her optimistic nature and strong support system as relevant (R, 137) in that she was able to tolerate a longer wait than others might.

Another individual variable weighed by the participants was their expectations of the counselling. R and T both noted that the type of change desired by the client impacted the number of sessions required. R judged that if a person wanted to "get to the root of your, your behaviours and your problems and change it, then I think you need more time." (R, 169) As an example R offered, "I can change how I talk for a few weeks, but I can't change how I feel in that same time." (R, 113) T simply noted that the "expectations around the stuff that you're wanting to work out" (T, 255) made a difference to the number of sessions required. For herself, T didn't think she could accomplish much in six sessions (251).

Characteristics of the Problem

The nature of the problem was important to S, R, and T. S noted the nebulous nature of her difficulty adding, "if I had some [specific] problems I didn't know how to deal with, it probably wouldn't take me as long as with this overall feeling" (S, 78). R also made a distinction regarding

specificity of problem, "I've got the usual problems, you know, but not, there's no abuse or serious neglect. I can get fixed in twelve weeks. Other people can't. Because I have things to fix, you know, I don't have me overall to fix" (R, 133-136). R stated that short term counselling was helpful for quick responses and tools (R, 117) while longer term counselling was required to work on underlying patterns (R, 118). "So the different time frames are appropriate for different things" (R, 120). T recognized that one of her difficulties is that she detaches easily and requires a counsellor who can assist her to reattach herself (T, 256). T believed this process would take longer than six sessions.

Related to the nature of the problem was its accessibility, a point named by S and T. T noted that the client's issue, "might not be there right quick." (T, 255) S considered how deeply buried the issue might be, in that it would take her counsellor longer to help her find it (S, 71).

R and S took their histories with their problems into account. S noted she had, "been depressed and wasn't going anywhere for a long time." (S, 77) Given the long standing nature of her difficulty, S didn't think that six sessions, "would be enough at all!" (S, 76) R had extensive experience with very brief counselling and had valued it. At this point in her life though, "I knew I was looking at

the longer term." (R, 171) R saw twelve weeks as minimal for big issues noting (R, 130), "some people are in counselling for years." (R, 131) R added she would have waited even longer if that's what it would take to receive more sessions (R, 170). R concluded, "so surface, short term; deeper underlying issues need the longer term." (R,177)

The only participant to mention acuteness of distress was B who would have opted for less wait and more immediate counselling. Of her first wait B noted, "I was really hurting. I felt I needed someone to talk to immediately." (B, 148) Not only was B hurting, but she felt raw after the intake interview, "I was left sort of vulnerable and wanting more time to talk about what I was going through" (B, 149). In her vulnerability, B would have appreciated knowing she wasn't alone (B, 150).

Process

B noted that the waiting period interrupted her process. During her second wait for service, B "wasn't in angst like the first time. I was patiently waiting. It didn't matter." (B, 154-156) Despite this, B would still have chosen the option of fewer sessions if it meant less wait, "because once you make the call, part of the process is already started." (B, 157) "Once the process is started

it's good to keep going with it, rather than having it interrupted by the wait." (B, 160) When T considered the idea of process from the position of how able a counsellor was to facilitate her. "Maybe in six sessions if somebody was really good at it, it would be out in a snap." (T, 253) While T held this as a possibility, she did not hold it as a probability, "but maybe not, you know. I'd probably would have gone for longer sessions." (T, 254)

Related to process, T wondered if six sessions would suffice if they were two hours long (T, 258). R was concerned that if people receive only very brief counselling and don't find themselves fixed, they may not pursue it further. "If they don't see enough change to make, to give them the faith that it will help...a lot of people don't do self help and um, don't um, keep going back. They get through a crises or whatever." (R, 173-174)

Summary

In summary these variables are presented according to the willing to wait and unwilling to wait participants.

Willing to wait.

Characteristics of the individual:

- the amount of time required to establish relationship
- personal characteristics of the client
- the person's support network
- expectations of counselling and depth of change sought

Characteristics of the problem:

- the nature of the problem

the individual's history with the problem
accessibility of the problem

Process:

the ability of the counsellor to facilitate process
increased length of counselling sessions
the effect of very brief counselling on long term
process

Unwilling to wait.

Characteristics of the problem:

acuteness of distress/vulnerability

Process:

waiting interrupts personal process begun when
counselling was initiated

B MU: 148-160

R MU: 110-137, 168-177

S MU: 70-79

T MU: 250-258

Discussion: The Option of Less Wait With Fewer Counselling
Sessions

The final question asked participants was born of curiosity regarding the trend to shorten wait lists by further limiting the number of counselling sessions available. I wondered about client perceptions of this solution. My experience as an intake worker had been that a majority of clients would choose to wait a longer period if it meant more sessions of counselling. As a researcher, I

was curious as to their rationale. The question presented to participants was a forced choice. If they had the option of a shorter waiting period - say 1 to 4 weeks - with fewer sessions of counselling - 4 to 6 sessions- would they have taken it? As a research tool this was a blunt rather than delicate instrument, nevertheless it is a true choice faced by service agencies.

Revisiting the literature we recall that as early as 1976 McKittrick and Gelso's research was prompted by the move to reduce the number of counselling sessions as a means of managing the wait list. The researchers wondered how agencies ought to rationalize brief therapy to clients. They found that informing clients that the limited number of sessions was designed to keep the wait list down produced negative client expectancies for the counselling. In 1994, Gyorky, Royalty, & Johnson completed a survey of 213 college and university counselling centres comparing those which had time limited policies with those who did not. They found that time limits did not accomplish the desired aims of serving a greater percentage of the clientele or reducing the wait list. The imposition of time limits on counselling prompted alternative suggestions by Tryon (1995) and Pinkerton (1996).

Since the completion of this research, CCC has reduced their maximum number of sessions from 12 to 10 in response

to wait list concerns. As well, CCC offers short term [4 to 6 sessions] solution oriented counselling (SOC) for appropriate clients. The question as worded reflects the choice deliberated by potential SOC clients who might wait 1 to 4 weeks for a counsellor to become available. Thus, while a blunt research instrument, the forced choice question is an accurate reflection of choices faced by clients and agencies.

Participants' Rationale for More Counselling Sessions or Less Wait

Participant responses were revealing. The co-researchers who chose to wait did so based on:

- 1) their knowledge of themselves; the amount of time they require to establish a relationship, their personal characteristics, their support network and their expectations of the change they sought in counselling
- 2) their issues; the nature of their problem, their history with the problem, and its accessibility
- 3) their process; the counsellor's ability to facilitate their process, the length of the counselling sessions, the effects of very brief counselling on long term process

This self knowledge led them to an expectancy about the number of counselling sessions they would require to accomplish their aims. For these participants the wait list equation was not, wait = bad, but fewer sessions = not enough for me.

One participant did echo the wait = bad equation. B was the only participant who would have chosen the option of fewer sessions and less wait. The acuteness of her distress was the main factor in B's decision. B was "really hurting" (B, 148) at the time of her first call for counselling. After the intake interview she felt raw and vulnerable (B, 149) and would have benefited from even an hour with a counsellor afterward (B, 151). During her second wait period B, "wasn't in angst like the first time" and described herself as, "patiently waiting" (B, 155) yet she still would have chosen the less wait option. This was due to the interruption of her process, which she began when she called for counselling. B then, based her decision on the acuteness of her distress and the interruption of her process.

Revealing Client Expectancies of Counselling

Given that participants were concentrating on different ends of the less wait - fewer counselling sessions option, it is not surprising that the factors influencing their decisions were distinct. As an intake worker trained

in assessment, I was surprised that after two hours of hearing the co-researchers describe their problems and experience, having gleaned more information than I would have in an intake interview, I did not know which end of the option would be relevant to them. Even worse, I thought I did know.

R described fights in her home with both her fiancée and her teenager prone to violence. R had said things like, "'I need help, I need help', it was always, it was an ever-present feeling" (R, VA7) and "sometimes I think if I had some counselling earlier...I might have been able to work through the step-family thing." (R, 12) T described a long-standing depression which antidepressants did little to alleviate. At home she curled into a fetal position and desperately hung on to herself, "'cause you're all you've got." (T, VA21) T had no outside support. S's first words were, "I'm about to explode" and indeed this was my felt sense of her. The pressure of her nebulous problem and her frustration with her inarticulateness filled the room.

B's issue and waiting experience was in contrast to the above. B was facing the family of origin issue of being raised amid the whole scene surrounding an alcoholic father. A video at school had provoked old feelings to the surface. While it was plain B was distressed for the week before her intake interview, after that time B re-instituted her

effective coping strategy. B had said things like, "it was okay nothing was going to happen for awhile" (B, 60), "it just didn't seem to be right there" (B, 65) and "I'll just get on with life until it comes up." (B, 93) B noted that the waiting was like putting "it" in a container and then letting it out (B, 144). From B's description of her waiting period after the intake interview, it seemed a non-event.

In retrospect, I realize I had unconsciously assessed the level of the participants' distress, and the acuteness or chronicity of their problems. My attention to these items is based on training received both at CCC and at a practicum at Victoria Mental Health. This led to my anticipation of their answer as I posed the option question. Based on the severity or acuteness of disturbance, I anticipated R, T and S would opt for less wait. In the event, only B did so. As I have pondered this uncomfortable intelligence, I realized that the participants' descriptions of their problem, of their history with it and even of their waiting experience did not communicate their expectancies of counselling. Only the forced choice question revealed which was more important to them, less wait or more sessions. The co-researchers construed acuteness and severity by their own terms, not mine.

With the benefit of hindsight, I can see all of the participants' difficulties as both acute and chronic. B's family of origin issue was chronic but felt acute in the moment. R's home situation was acute, but her underlying patterns were chronic. S's depression had reached an implosive/explosive peak but it was of long standing. T's depression was also of long standing. At this point in time it was acute in that she was no longer able to work and curled in a fetal position at home. Only the forced choice question gave me the information as to whether the participants were perceiving their problem as acute or chronic. Only the forced choice question, and not all the description that went before, supplied information on what the clients perceived their counselling needs to be. When the problem was perceived as acute by the co-researcher, the desire was for less wait. When perceived as chronic by the participant, more sessions of counselling were desired.

Comparisons to the Literature

The co-researcher information help explain the findings of numerous studies. In 1981 Archer found that a moderate wait of 4-6 weeks may not have a strong negative effect. He noted that the issue for which clients were seeking counselling affected their tolerance for waiting. Archer returned to the wait list problem in 1984. In this study he

concluded, "as long as the most urgent cases are seen, the others can afford to wait with few negative consequences or attitudes." (Archer, 1984, p,393. Freund, Russell, & Schweitzer (1991) actually found longer delays to be more predictive of positive outcomes. Their results, "suggest there are several types of settings, client populations, and administrative procedures in which longer delays are not detrimental to continuing clients or a major influence on those who drop out." (Freund et al., 1991, p.7) Of note is the fact that all of these studies were conducted at college and university counselling centres and all had screened out the most urgent cases. This process is similar to CCC's situation in that clients requiring urgent service are referred to Mental Health.

While CCC is part of the Mental Health continuum of service, it would seem that their client group is a closer match to the subjects of the college and university studies than to studies at mental health centres. The participants' descriptions suggest that having screened out the most urgent cases, those remaining may have more tolerance to waiting, especially if they see it will meet their need of more counselling sessions. Nevertheless, the example of B reveals that within this population there are clients who perceive their difficulty as acute and desire immediate service.

Implications for Counselling

As descriptions of the clients' histories and the nature of their problem do not elucidate the clients' expectancies of counselling, it would be worthwhile to include a question in the intake interview designed to elicit these. These co-researchers had clear knowledge of what they needed in counselling and how long they were able to wait in order to acquire it. As CCC already has a SOC option, this might be routinely put to clients during the intake interview. Not only would this reveal client expectancies and tolerance for waiting, but it would affirm that clients are the ones who know best what they require.

Implications for Future Research

This research indicates that reducing the number of sessions available as a means of managing the wait list would not be in the best interests of all clients. As Tryon (1995) noted, any decisions made regarding time limits ought to hold the client's welfare as the paramount concern. In order to best serve their client populations, agencies would benefit from knowing how clients perceive their needs. There is evidence in the literature, supported by this research, that certain client populations can afford to wait, while other cannot. There appears to be a difference in this regard between mental health agencies and other

community service agencies such as CCC or college and university counselling centres.

The small size of this sample, and the fact that qualitative research does not allow generalizability indicates further research is warranted. What is in the best interests of clients regarding the question of waiting for counselling and time limits on counselling? Questions I ponder include:

How do agencies secure the information they need to best serve their clients? What questions do they need to ask? What variables are important to clients in assessing their ability to wait?

What variables are important to clients in assessing the number of counselling sessions they require?

Are these variables mutually exclusive?

What might be the distinguishing characteristics between the client populations at mental health centres and other community agencies such as CCC and college and university counselling centres?

To what extent does the crises model of intervention answer the needs of these populations?



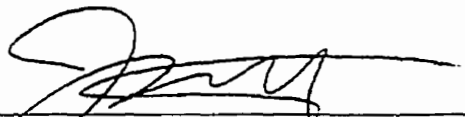
University of Victoria
Human Research Ethics Committee

CERTIFICATE OF APPROVAL

<u>Principal Investigators</u> Linda Lee Gray Graduate Student	<u>Department/School</u> Psychological Foundations	<u>Supervisor</u> Dr. H. France	
<u>Co-investigator(s):</u>			
<u>Title:</u> Investigating the Experience of Waiting for Counselling			
<u>Project No.</u> 48-98	<u>Start Date</u> 30 January 1998	<u>End Date</u> 30 April 1998	<u>Approval Date</u> 30 January 1998

Certification

This is to certify that the University of Victoria Ethics Review Committee on Research and Other Activities Involving Human Subjects has examined the research proposal and concludes that, in all respects, the proposed research meets appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Subjects.



 J. Howard Brunt,
 Acting Associate Vice-President, Research

This Certificate of Approval is valid for the above term provided there is no change in the procedures. Extensions/minor amendments may be granted upon receipt of "Request for Continuing Review or Amendment of an Approved Project" form.

Office of Research Administration
 Room 424, Business & Economics Building
 P.O. Box 1700,
 Victoria, BC V8W 2Y2

Tel: (250)721-7968
 Fax: (250)721-8960
 E-mail: jem@uvvm.uvic.ca

Participant's Informed Consent

My name is Linda Gray. I am conducting a study investigating the Experience of Waiting for Counselling as part of a Master of Arts in Counselling degree at the University of Victoria. My faculty supervisor is Dr. Honore France. This letter offers information on the research project, and invites your participation.

For this study, I am requesting the assistance of co-researchers. The term co-researcher means that you will be asked both to provide data for the study, and to assist the researcher in its analysis. Data collection will require your participation in two interview sessions. The first session will involve a visualization, walking you through your waiting period. Afterward, you will be asked to capture this experience on paper with art materials. I will then invite you to talk about the visualization and the art work. This session will complete with your creating a brief story about your image. The second session will be an open interview, offering you the opportunity to reflect on your experience of waiting for counselling. Each interview will take about an hour. During the data analysis phase of the research, I will supply you with my analysis of your interviews and invite your comments. I may also call you for clarification and amplification as I work with the data as a whole. Your participation during data analysis may be anywhere from one to three hours. Thus, during the estimated three months this process will take, your participation, including both data collection (2 hrs.) and analysis (1-3 hrs.) would require between three to five hours of your time. The results will be presented in the researcher's thesis, and may be published in a scholarly journal.

Your participation is completely voluntary and you can withdraw from the study at any time, without explanation. You have the right to refuse to answer any questions you do not wish to answer. Whether you participate, or choose not to participate, will have no effect on your receiving service at the Citizens' Counselling Centre, presently or in future.

An honorarium of \$10.00 will be paid for your participation.

There are no known risks to participants though you may experience discomfort by remembering your waiting period. A benefit may be your increased understanding of what this waiting period meant for you.

Any and all data collected in the study will remain confidential; interview transcripts will be kept in a locked filing cabinet. Only the researcher will have access to the data. Your name will not be attached to: any published results; the transcription or data sheets; the audiotapes; the art work; extracted data appearing in the thesis. Signed consent forms and coding key for pseudonyms will be stored separately from the data.

Your interviews will be audiotaped and the tape erased immediately after your responses are coded in written form. The art work will be kept by the researcher during the period of data analysis and will be reproduced in the thesis. Upon completion of the research, the art work will be destroyed, or returned to you, in accordance with your

wishes. All data, in all forms, will be destroyed or erased at the close of the study. Some extracted data will appear in the thesis.

If you have any questions, please feel free to ask. Contact Linda Gray at 477-5660 or her supervisor, Dr. Honore France at 721-7858.

I have read the information provided and agree to participate in the study. I request feedback on the outcome of the study. Yes () No ()

Date:

Name:

Signature:

Vita

Surname: Gray

Given Names: Linda Lee

Place of Birth: Washington, DC

Educational Institutions Attended:

Camosun College

1991 to 1992

University of Victoria

1992 to 1995

Degrees Awarded:

B.F.A. (With Distinction)

University of Victoria

1995

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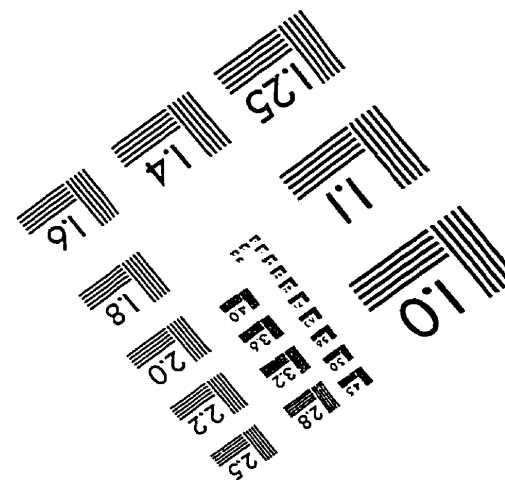
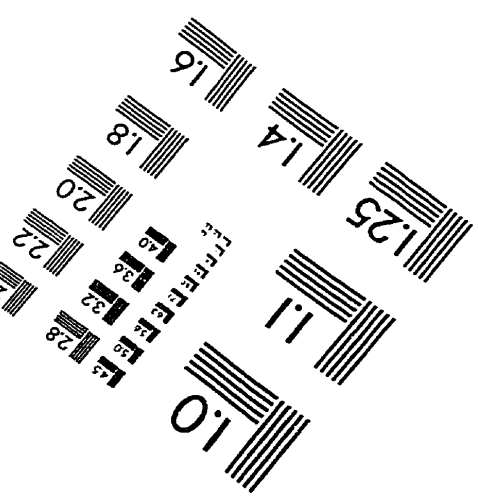
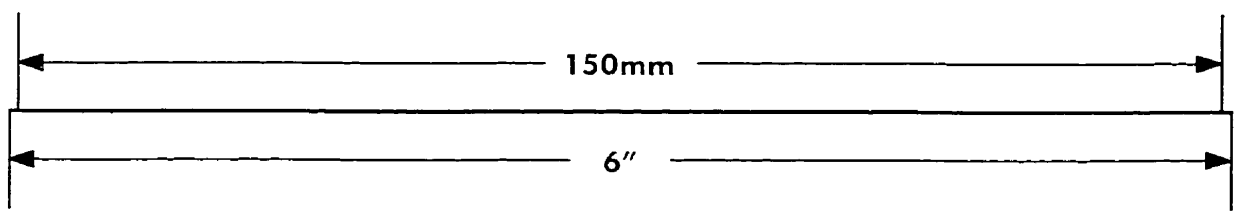
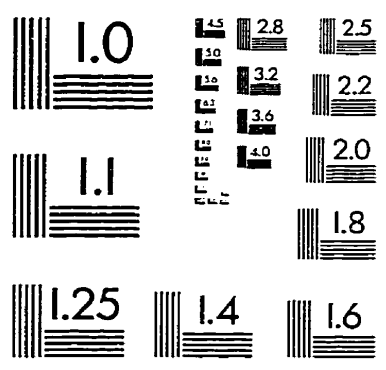
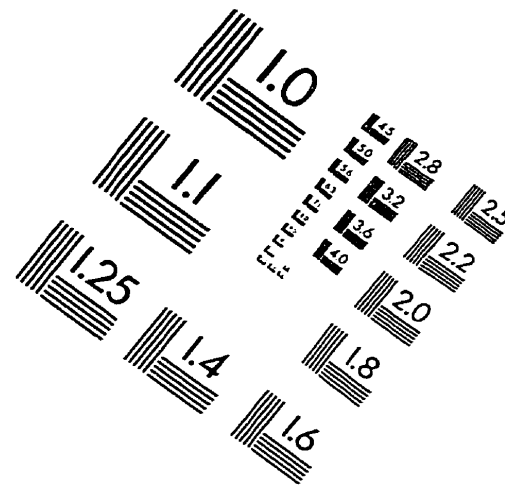
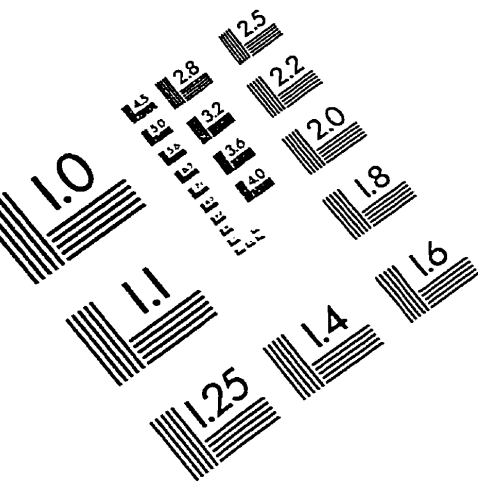
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Linda Lee Gray

March 30, 1999

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